



STATE OF DELAWARE
STATE BOARD OF PENSION TRUSTEES
AND
OFFICE OF PENSIONS
McARDLE BUILDING
860 SILVER LAKE BLVD., SUITE 1
DOVER, DE 19904-2402

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Telephone (302) 739-4208
FAX # (302) 739-6129
www.delawarepensions.com

The Pension Office is responsible for verifying creditable compensation and wages subject to pension contributions; therefore, this form must be completed for all employees who have terminated, deceased, or who have retired on a service, disability or vested pension.

NAME: _____ **S.S. #:** _____

DATE OF Retirement Death Termination _____

Indicate number of hours worked per day if not 7.5 hrs. - _____

1. Amount of Last Regular Pay:

Regular Salary	
Overtime	
<input type="checkbox"/> Comp. Time <input type="checkbox"/> Holiday	
Shift Differential	
WINK	
Hazard Duty	
Imputed Income: Group Life Insurance Vehicle Cost	
Other -	

Total of Last Regular Pay _____
Date Disbursed _____

2. Amount of Paid Sick Leave:
Number of Hours Accrued _____
No. of Hrs. Paid _____ x Hourly Rate _____
Date Disbursed _____

3. Amount of Paid Vacation Leave:
No. of Hrs. Paid _____ x Hourly Rate _____
Date Disbursed _____

(Authorized Agency Signature)

(Title)

(Date)