



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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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 _____

Number of pays employee is receiving – 22 or 26 (Please circle applicable pay basis)

1. Amount of Last Regular Pay:

Regular Salary	_____
Overtime	_____
EPER Pay	_____
Other - _____	_____
Imputed Income:	_____
Group Life Insurance	_____
Vehicle Cost	_____

Total of Last Regular Pay _____
 Date Disbursed _____

2. Amount of Lump Sum 26/22 Pay (days worked) Adjustments
 Paid After Termination (attach worksheet w/calculations) _____
 Date Disbursed _____

3. Salary Paid Due to Employee Electing 26 Pays:
 Date: _____ \$ _____ Date: _____ \$ _____
 Date: _____ \$ _____ Date: _____ \$ _____

4. Amount of Paid Sick Leave:
 Number of Days Accrued _____
 No. of Days Paid _____ x Daily Rate _____
 Date Disbursed _____

5. Amount of Paid Vacation Leave:
 No. of Days Paid _____ x Daily Rate _____
 Date Disbursed _____

 (Authorized School Signature)

 (Date)