



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

**When Calling Long Distance**  
**Toll Free Number 1-800-722-7300**  
**E-mail: [pensionoffice@state.de.us](mailto:pensionoffice@state.de.us)**

**Telephone (302) 739-4208**  
**FAX # (302) 739-6129**  
**[www.delawarepensions.com](http://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 \_\_\_\_\_

**I CERTIFY THAT THERE ARE NO PAYROLL CHECKS PENDING CANCELLATION.**

\_\_\_\_\_  
**Authorized Signature** **Title** **Date**

**Organization Name:** \_\_\_\_\_ **Organization DDS#:** \_\_\_\_\_