


Instructions For Completing the PENSION CREDITABLE COMPENSATION FORM (PCC-1 AGENCY)

	STATE OF DELAWARE OFFICE OF PENSIONS	PENSION CREDITABLE COMPENSATION (AGENCY)																						
PLEASE COMPLETE AND RETURN FORM TO THE OFFICE OF PENSIONS																								
<p>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.</p>																								
1 3 4 5 6	NAME: _____ 2 PENSION ID: _____ DATE OF: <input type="checkbox"/> Retirement <input type="checkbox"/> Death <input type="checkbox"/> Termination _____ LAST DAY WORKED (if different from above): _____ Indicate number of hours worked per day if not 7.5 hours: _____																							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">6 Amount of Last Regular Pay:</td> </tr> <tr> <td>Regular Salary</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>Overtime</td> <td></td> </tr> <tr> <td>Holiday</td> <td></td> </tr> <tr> <td>Comp Time Amount</td> <td></td> </tr> <tr> <td>Date/Timeframe Earned: _____ to _____</td> <td></td> </tr> <tr> <td>Shift Differential</td> <td></td> </tr> <tr> <td>Hazard Duty</td> <td></td> </tr> <tr> <td>Other -</td> <td></td> </tr> <tr> <td style="text-align: right;">Total of Last Regular Pay:</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td style="text-align: right;">Date Disbursed:</td> <td></td> </tr> </table>		6 Amount of Last Regular Pay:		Regular Salary	\$ 0.00	Overtime		Holiday		Comp Time Amount		Date/Timeframe Earned: _____ to _____		Shift Differential		Hazard Duty		Other -		Total of Last Regular Pay:	\$ 0.00	Date Disbursed:	
6 Amount of Last Regular Pay:																								
Regular Salary	\$ 0.00																							
Overtime																								
Holiday																								
Comp Time Amount																								
Date/Timeframe Earned: _____ to _____																								
Shift Differential																								
Hazard Duty																								
Other -																								
Total of Last Regular Pay:	\$ 0.00																							
Date Disbursed:																								
	7 Amount of Paid Sick Leave: Number of Hours Accrued _____ Total # of Hours Paid _____ x Hourly Rate _____ Total: \$ 0.00 Date Disbursed: _____																							
	8 Amount of Paid Vacation Leave: Total # of Hours Paid _____ x Hourly Rate _____ Total: \$ 0.00 Date Disbursed: _____																							
9	CERTIFY THAT THERE ARE NO PAYROLL ADJUSTMENTS PENDING. _____ <div style="display: flex; justify-content: space-between;"> AUTHORIZED SIGNATURE TITLE DATE </div>																							
10	Print Name: _____ Agency Name: _____																							
860 SILVER LAKE BLVD., SUITE 1 - MCARDLE BUILDING - DOVER, DE 19904 / SLC D570A PHONE: (302) 739-4208 - TOLL FREE: (800) 722-7300 - FAX: (302) 739-6129 - EMAIL: PENSIONOFFICE@DELAWARE.GOV WWW.DELAWAREPENSIONS.COM																								
PCC-1 (Agency) Form Revised April 2021 - #139																								

Pension creditable compensation is wages earned that are subject to pension contributions. This form must be completed for all employees who have terminated, deceased, or retired on a service, disability, or vested pension.

1. Name – Enter first, middle initial, and last name
2. Pension ID – Enter the six-digit Pension ID number (**not** the six-digit Employee ID number)
3. Date of: - Check the appropriate box – Retirement, Death, or Termination and enter the date
4. Last Day Worked – Enter last paid compensation day here (this could be REG pay, sick, annual, etc.; last day paid pension creditable wages)
5. Indicate the number of hours worked per day if not 7.5 hours – Enter the number of hours here **IF NOT** 7.5 hours
6. Amount of Last Regular Pay (last check earning pension creditable wages, i.e., REG pay, sick leave taken, annual leave taken, etc.)

- Regular Salary – Reg pay (including sick and/or annual leave taken on scheduled days in the pay period)
- Overtime – Enter any overtime amount earned in final pay period
- Holiday – Enter holiday amount
- Comp Time Amount – Enter the date and/or timeframe earned here, then enter the dollar amount
- Shift Differential – Enter any compensation earned due to working an alternate shift here
- Hazard Duty
- Other

7. Amount of Sick Paid Leave

- Number of hours accrued and not taken
- Total number of hours paid x Hourly rate equals the Total dollar amount; enter the Date Disbursed

8. Amount of Paid Vacation Leave

- Number of hours accrued and not taken
- Total number of hours paid x Hourly rate equals the Total dollar amount; enter the Date Disbursed

9. Certify No Payroll Adjustments Pending

- The HR Representative will certify that there are no other adjustments that will be taken out of the employee's paycheck and no money due to the employee.
- An authorized signature is required here, along with the job title and date signed

10. Print HR Representative's Name and Agency Name