STATE OF DELAWARE
OFFICE OF PENSIONS

PENSION CREDITABLE COMPENSATION (SCHOOL)

PLEASE COMPLETE AND RETURN FORM TO PENSION.FORMS@DELAWARE.GOV

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.

First Name & Middle Initial: _____ Last Name: _____

Pension ID or SSN: _____

Date of: ☐ Retirement ☐ Death ☐ Termination _____

Last Day Worked (If different from above): _____

Employee Months Worked: ☐ 9 ☐ 10 ☐ 11 ☐ 12

Amount of Last Regular Pay:

Regular – Salary: ---------- _____

Overtime: ---------- _____

EPER Pay: ---------- _____

Other: ---------- _____

Total of Last Regular Pay: _____

Date Disbursed: _____

Amount of Lump Sum 26/22 Pay (days worked) Adjustments Paid After Termination: (attach worksheet w/calculations)

Total: _____

Date Disbursed: _____

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

Salary Paid Due to Employee Electing 26 Pays:

Date:_____ Amount:_____ Date: _____ Amount: _____

Date:_____ Amount:_____ Date: _____ Amount: _____

Amount of Paid Sick Leave:

Number of days accrued: _____

Total number of days paid: _____ x Daily rate _____ Total: _____

Date Distributed: _____

Amount of Paid Vacation Leave:

Total number of days paid: _____ x Daily rate _____ Total: _____

Date Distributed: _____

I CERTIFY THAT THERE ARE NO PAYROLL ADJUSTMENTS PENDING.

Authorized Signature _____

Title _____ Date _____

Print Name: _____

School District: _____