Form No. PCC-1 (Agency)
(Rev. 2/2019)

SLC – D570A

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@delaware.gov

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	
☐ Comp. Time ☐ 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#: _____