RESET

# STATE OF DELAWARE
# OFFICE OF PENSIONS

## PENSION CREDITABLE COMPENSATION (AGENCY)

**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.

**NAME:** _____ **PENSION ID:** _____

**DATE OF:** ☐ **Retirement** ☐ **Death** ☐ **Termination** _____

**LAST DAY WORKED (if different from above): Indicate** _____

**number of hours worked per day if not 7.5 hours:** _____

| **Amount of Last Regular Pay:** | |
|---|---|
| Regular Salary | |
| Overtime - | |
| Holiday - | |
| Comp Time Amount<br>Date/Timeframe Earned: to | |
| Shift Differential - | |
| Hazard Duty - | |
| Other - | |
| **Total of Last Regular Pay:** | $ 0.00 |
| **Date Disbursed:** | |

**Amount of Paid Sick Leave:**
Number of Hours Accrued _____
Total # of Hours Paid _____ x Hourly Rate _____ **Total:** $ 0.00
**Date Disbursed:** _____

**Amount of Paid Vacation Leave:**
Total # of Hours Paid _____ x Hourly Rate _____ **Total:** $ 0.00
**Date Disbursed:** _____

**I CERTIFY THAT THERE ARE NO PAYROLL ADJUSTMENTS PENDING.**

_____ **AUTHORIZED SIGNATURE**

_____ **TITLE**

_____ **DATE**

**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

SUBMIT