RESET

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.

NAME: _____ **PENSION ID:** _____

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:	$ 0.00
Date Disbursed:	

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

Total: _____
Date Disbursed: _____

Salary Paid Due to Employee Electing 26 Pays:

Date: _____ Amt: _____ Date: _____ Amt: _____
Date: _____ Amt: _____ Date: _____ Amt: _____

Amount of Paid Sick Leave:

Number of Days Accrued _____

Total # of Days Paid _____ x Daily Rate _____ **Total:** $ 0.00

Date Disbursed: _____

Amount of Paid Vacation Leave:

Total # of Days Paid _____ x Daily Rate _____ **Total:** $ 0.00

Date Disbursed: _____

I CERTIFY THAT THERE ARE NO PAYROLL ADJUSTMENTS PENDING.

_____ _____ _____
AUTHORIZED SIGNATURE **TITLE** **DATE**

Print Name: _____ **School District:** _____

860 SILVER LAKE BLVD., SUITE 1 - MCARDLE BUILDING - DOVER, DE 19904 / SLC D570A
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WWW.DELAWAREPENSIONS.COM

SUBMIT