RESET FORM

STATE OF DELAWARE
OFFICE OF PENSIONS

PENSION CREDITABLE COMPENSATION (AGENCY)

PLEASE COMPLETE AND RETURN FORM TO THE OFFICE OF PENSIONS

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 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