



STATE OF DELAWARE
OFFICE OF PENSIONS

PENSION CREDITABLE
COMPENSATION
(SCHOOL)

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): _____

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: _____

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: _____

Date Disbursed: _____

Amount of Paid Vacation Leave:

Total # of Days Paid _____ x Daily Rate _____

Total: _____

Date Disbursed: _____

I CERTIFY THAT THERE ARE NO PAYROLL ADJUSTMENTS PENDING.

AUTHORIZED SIGNATURE

TITLE

DATE

Print Name: _____ School District: _____