Form No. PCC-1 (Schools)
(Rev. 2/2016)

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
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E-mail: pensionoffice@state.de.us

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 _____

Number of pays employee is receiving – 22 or 26 (*Please circle applicable pay basis)*

1. Amount of Last Regular Pay:

Regular Salary	
Overtime	
EPER Pay Other - _____	
Imputed Income:	
Group Life Insurance	
Vehicle Cost	

Total of Last Regular Pay _____
Date Disbursed _____

2. Amount of Lump Sum 26/22 Pay (days worked) Adjustments
Paid After Termination (attach worksheet w/calculations) _____
Date Disbursed _____

3. Salary Paid Due to Employee Electing 26 Pays:
Date: _____ $_____ Date: _____ $_____
Date: _____ $_____ Date: _____ $_____

4. Amount of Paid Sick Leave:
Number of Days Accrued _____
No. of Days Paid _____x Daily Rate _____ _____
Date Disbursed _____

5. Amount of Paid Vacation Leave:
No. of Days Paid _____x Daily Rate _____ _____
Date Disbursed _____

I CERTIFY THAT THERE ARE NO PAYROLL CHECKS PENDING CANCELLATION.

_____ _____ _____
Authorized Signature **Title** **Date**

Organization Name: _____**Organization DDS#:** _____