

# VERIFICATION OF SERVICE/SALARY FOR RETIREMENT CALCULATION

The following employee has applied for retirement to be effective on the date specified. Please complete the following form and submit this form with copies of **detailed payroll records** for the period listed below.

Name: \_\_\_\_\_ XXX-XX-\_\_\_\_\_

**Effective Date of Retirement:** \_\_\_\_\_ *\*Member cannot be both employed and retired on the same date*

Please notify the Retirement Board immediately if last date of regular compensation is on or after date of retirement.

Attach **payroll records** for the period of: **July 2014** \_\_\_\_\_ **To last payroll record** \_\_\_\_\_

## General Information

Date of Hire: \_\_\_\_\_ \*Last Day of Employment: \_\_\_\_\_

Last Position Title: \_\_\_\_\_ Last Grade/Step \_\_\_\_\_

\*Last Date Actually Worked: \_\_\_\_\_ \*Last Date of Regular Compensation: \_\_\_\_\_

\*\*In cases where last day of employment, date of last regular compensation and/or last day actually worked are different, please explain... (i.e. worker's comp, used accrued vacation, used sick leave, leave of absence, administrative leave, military service leave etc...) use additional sheet if necessary.

Has this employee filed a report of injury within the last 2 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is this employee currently receiving worker's compensation benefits or c.41, 111F benefits? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has this employee received any retroactive payments in the last 3 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain, when & period covered by retro...

Is this employee covered by a collective bargaining agreement under Chapter 150E? Identify? \_\_\_\_\_ Yes \_\_\_\_\_ No

## Please indicate the appointment type and payroll cycle for this individual?

\_\_\_\_\_ Full calendar/fiscal year appt \_\_\_\_\_ School year appt \_\_\_\_\_ Elected If elected..term \_\_\_\_\_

Please indicate number of payroll periods per year (if other please explain in remarks)

\_\_\_\_\_ 52 wk \_\_\_\_\_ 26 bi-wk \_\_\_\_\_ 22 bi-wk \_\_\_\_\_ 4 qtrs \_\_\_\_\_ 2 semi-annual \_\_\_\_\_ 1 annual \_\_\_\_\_ other

Please indicate whether employee is full-time or part-time by filling in hours of work/hours of full-time equivalent

Regular hours worked/scheduled \_\_\_\_\_ Full-time Equivalent of similar positions \_\_\_\_\_

## Rate of Regular Compensation at termination:

Base Salary per pay period: \_\_\_\_\_ Pay Period \_\_\_\_\_

Longevity (if not included above): \_\_\_\_\_ When regularly paid? \_\_\_\_\_

Public Safety Holiday Pay (if not included above) \_\_\_\_\_ When regularly paid? \_\_\_\_\_

Public Safety Educational Incentive Pay \_\_\_\_\_ When regularly paid? \_\_\_\_\_

(if not included above)

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**Final Payout of Regular Compensation: (\*do not include any payment made as result of retirement or termination)**

Regular Salary for the period of _____	Pay Amt _____	Ded. Amt _____	
Vacation taken for the period of _____	Pay Amt _____	Ded. Amt _____	
Sick Leave taken for the period of _____	Pay Amt _____	Ded. Amt _____	
Holiday Pay (non-public safety) _____	Pay Amt _____	Ded. Amt _____	
<b>Retroactive Adjustment * Please explain reason for adjustment, period of service covered, and how calculated (days or hours x rate etc.) Use additional sheet if necessary</b>	Pay Amt _____	Ded. Amt _____	

Is adjustment due to conversion from calendar year to school year? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes, convert & report prior 3 years on same basis (school year equivalent).**

Current School Year _____	Total Pay Amt _____	Total Deductions _____	
Prior School Year _____	Total Pay Amt _____	Total Deductions _____	
Prior School Year _____	Total Pay Amt _____	Total Deductions _____	
Prior School Year _____	Total Pay Amt _____	Total Deductions _____	

**Payments Received as result of Retirement or Termination of Service**

Buyout of unused Vacation	Pay Amt _____	Ded. Amt _____	N/A
Buyout of unused Sick Leave	Pay Amt _____	Ded. Amt _____	N/A
Pro-rated Longevity *explain calculation:	Pay Amt _____	Ded. Amt _____	N/A
Pro-rated Public Safety Educational Incentive (Quinn Bill or equivalent) * explain calculation	Pay Amt _____	Ded. Amt _____	N/A
Pro-rated Public Safety Holiday Pay * explain calculation	Pay Amt _____	Ded. Amt _____	N/A

**Post-retirement Health & Life Insurance (Retiree's monthly deduction)**

Health	Life	Sup. Life	Dental	Total
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**Employer's Certification**

The signer of this document hereby certifies that the statements and facts contained in this document are correct, complete and accurately presented and are made under the pains and penalties of perjury.

Signature \_\_\_\_\_

Date of Signature \_\_\_\_\_