

# Final Six Months' Salary Report

Colorado Public Employees' Retirement Association  
PO Box 5800, Denver, Colorado 80217-5800  
303-832-9550 or 1-800-759-PERA (7372)



## Member's SSN

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**Member: Take this form to your employer's personnel or payroll office for completion.** Discuss with your employer any anticipated annual or sick leave you plan to take, overtime that you may incur, and other actions that may affect your final six months' pay. Your employer will complete and send the *Report* to PERA once your final pay is known (this could be after you have stopped working). Once this form is received, PERA will process your benefit, usually in the month your benefit is effective. If there is a delay, your first benefit will be retroactive to your effective date of retirement.

**Employer: Please complete this form; instructions are on the reverse.**

Member Name \_\_\_\_\_ Job Title \_\_\_\_\_

## Member Employment

Last Date Physically on the job \_\_\_\_\_

Termination Date \_\_\_\_\_ Paid-Through Date \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Last Date of Sick or Injury Leave Actually Used (if after last day on the job) \_\_\_\_\_  
Month/Day/Year

## Final Six Months of Salary

| Mo/<br>Yr | PERA-Includable Salary Only |                                   | Member<br>Contributions | Mo/<br>Yr | PERA-Includable Salary Only |                                   | Member<br>Contributions |
|-----------|-----------------------------|-----------------------------------|-------------------------|-----------|-----------------------------|-----------------------------------|-------------------------|
|           | Base<br>Pay                 | Extra Pay<br><i>if applicable</i> |                         |           | Base<br>Pay                 | Extra Pay<br><i>if applicable</i> |                         |
|           | \$                          | \$                                | \$                      |           | \$                          | \$                                | \$                      |
|           | \$                          | \$                                | \$                      |           | \$                          | \$                                | \$                      |
|           | \$                          | \$                                | \$                      |           | \$                          | \$                                | \$                      |

## Extra Pay Breakdown

If the final six months of salary includes any Extra Pay, please itemize the Extra Pay:

- \_\_\_\_\_ Number of hours/days of payoff of unused vacation, annual or personal leave at \$ \_\_\_\_\_ per \_\_\_\_\_ (hour, day)
- \$ \_\_\_\_\_ Sick leave used
- \_\_\_\_\_ Indicate if bi-weekly, three-pay month(s) \_\_\_\_\_
- \$ \_\_\_\_\_ Unused sick leave converted to PERA-includable salary under C.R.S. § 24-50-104(7.5), include date and amount of prior sick leave conversion(s) \_\_\_\_\_
- \$ \_\_\_\_\_ Define any other amount \_\_\_\_\_

## Employer

Comments:

\_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

Form Completed By \_\_\_\_\_ Date \_\_\_\_\_

(please print)