

Final Six Months' Salary Report
Colorado Public Employees' Retirement Association
PO Box 5800, Denver, Colorado 80217-5800
1-800-759-PERA (7372) • Fax: 303-863-3727 • www.copera.org



	Member/ Retiree SSN										
plan to take, overtime Colorado PERA once <u>y</u>	e that you may incur, and o your final pay is known (th	other actions that may nis could be after you	rice for completion. Discuss with your or affect your final six months' pay. Your have stopped working). Once this form it will be retroactive to your effective do	employer will complete and send the is received, PERA will process your b	e <i>Report</i> to						
	mplete this form. Instructi										
	Job Title										
Member Employment	Last Day Physically on the Job										
Linployment	Month/Day/Year										
	Termination Date	Month	Paid-Throug //Day/Year	h Date Month/Day/Year							
	Last Date of Sick or	Injury Leave Actually l	Used (if after last day on the job)								
			· , , ,	Month/Day/Year							
Final Six Months		PERA-Includable Salary Only									
of Salary	Month/Year	Base Pay	Extra Pay (if applicable)	Member Contributions							
		\$	\$	\$							
		\$	\$	\$							
		\$	\$	\$							
		\$	\$	\$	7						
		\$	\$	\$	\dashv						
		\$	\$	\$	\neg						
		<u> </u>	'								
Extra Pay Breakdown	If the final six month	ns of salary includes Ex	xtra Pay, please itemize the Extra Pay:								
bicakdowii		Number of hours/days	s of payoff of unused annual or person	al leave at \$ per	(hour/day)						
			s of payoff of unused sick leave at	\$ per							
	\$ [Define any other amou	unt		-						
		•	h(s)								
Employer		,,									
Certification	Comments:										
	Employer Telephone Number										
	Form Completed By	,		Date							
			Please Print								

(Continued on reverse)



Final Six Months' Salary Report (continued)

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Instructions for Completing the Final Six Months' Salary Report

Use final information, do not estimate. Please provide the information in the appropriate spaces and send this form to PERA when you know the information is accurate. PERA needs this form at least 30 days prior to member's anticipated retirement date. If the actual salary changes or you discover an error after sending this report to PERA, please advise PERA promptly. If you have questions while completing this form, call your PERA Employer Representative or PERA's Benefit Services Division.

If the final month of salary includes Extra Pay, show how the Extra Pay was determined. Below is an example of \$2,900 of Extra Pay in the final month of salary. Extra Pay may be overtime pay, shift differential, etc.

	100 hours	Number of hours/days of payoff of unused annual or personal leave	ve at \$_	20	_ per .	nour	_(hour/day)
	20 hours	Number of hours/days of payoff of unused sick leave at	\$_	20	_ per .	hour	_(hour/day)
\$_	500	Define any other amountOvertime pay					_
lf	f bi-weekly, speci	ify any three-pay month(s)					_