



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

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 Colorado 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 Day Physically on the Job _____
Month/Day/Year

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

Month/Year	PERA-Includable Salary Only		Member Contributions
	Base Pay	Extra Pay (if applicable)	
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

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) _____

\$ _____ Define any other amount _____

Employer Certification

Comments: _____

Employer _____ Telephone Number () _____

Form Completed By _____ Date _____

Please Print



Final Six Months' Salary Report (continued)

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

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 any Extra Pay, show how the Extra Pay was determined. Do not report cash payments based upon unused sick leave. Below is an example of \$2,500 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 vacation, annual or personal leave
 at \$ 20 per hour (hour/day)

\$ 0 Sick leave used
 _____ Indicate if bi-weekly, three-pay month(s) _____

\$ 500 Define any other amount Overtime pay