



**Reporting an Employee's
Work Record for Retirement**

Please print or type in black ink.

Section A. This employee recently applied for retirement.

FIRST NAME	MI	LAST NAME		SUFFIX	SSN
MAILING ADDRESS					MEMBER ID
CITY	STATE	ZIP CODE	TELEPHONE NO.		DATE OF BIRTH
RETIREMENT SYSTEM				EFFECTIVE RETIREMENT DATE	

Section B. Now please provide final work record information.

- 1 What was (or will be) the last day worked or exhausted leave?
- 2 What was (or will be) the last day paid?
- 3 How many days of unused sick leave will (or did) the employee have on his or her effective date of termination? When converting sick leave hours to sick leave days, divide hours by the monthly sick leave accrual rate when the hours were earned.
- 4 Please project the compensation for each month that the employee will receive from the last employer report until the pay period ending on or after the employee's effective date of termination. Only include compensation reportable to the Retirement System (do not include payments for severance pay, reimbursement of expenses, sick leave, etc.).

Reported Year to Date	
Month _____	
Month _____	
Month _____	
Month _____	
- 5 Please project the final payouts below.

Annual Leave Payout	<input type="text"/>
Bonus Leave Payout	<input type="text"/>
Installment Payout	<input type="text"/>
Longevity Payout	<input type="text"/>
Supplement Payout	<input type="text"/>
- 6 What was the employee's total annual salary for the year in which they retired? (January - December) Include the total remaining salary to be paid from #4 and the total payouts from # 5.
- 7 What was the employees total annual salary for the year preceding their retirement year? (January - December)
- 8 Retirement Service Type

(9, 10, 11 or 12 month - count the total number of months in the regular term of annual employment)

If less than 12 months, beginning month ending month
- 9 Pay Period (monthly, bi-weekly, weekly)

If the employee is paid on a delayed basis, please explain (1 week/ 2 week delay)

Please continue to the next page.



Section C. Please certify this final work record information.

I hereby certify that the information provided about the employee named in Section A is true and correct to the best of my knowledge. I certify that this employee has chosen an effective date of termination that is prior to his/her effective retirement date.

I certify that the unused sick leave shown reflects the amount of unused sick leave at or projected to the date of termination and is sick leave for which this member would have been paid had he/she actually been sick. If this amount changes, I will notify the Retirement Systems Division with a Form 6C. All other information will be confirmed through usual employer reporting methods.

Employer Contact's Signature _____ **Date** _____

CONTACT FIRST NAME	CONTACT LAST NAME	POSITION TITLE	
EMPLOYER/AGENCY			UNIT NO.
E-MAIL ADDRESS		TELEPHONE NO.	FAX NO.

Section D. Please submit this form by mail or fax.

You may mail this form to the address below, or you may fax this form to (919) 855-5800. For timely processing, please submit this form to the Retirement Systems Division at least 60 days before the effective retirement date.

Thank you.

N.C. Department of State Treasurer, Retirement Systems Division
3200 Atlantic Avenue, Raleigh, North Carolina 27604
1-877-NCSECURE (1-877-627-3287) toll-free
www.myncretirement.com

REV 20190529

MEMBER LAST NAME	MEMBER SSN
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6C