



Office of the New York State Comptroller
 New York State and Local Retirement System
 Employees' Retirement System
 Police and Fire Retirement System

STATEMENT OF ACCRUED PAYMENTS AND LEAVE CREDITS

RS 6221

(Rev. 7/09)

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 Phone: 1-866-805-0990 or 518-474-7736 Fax: 518-402-4433
 E-mail: nyslrsinfo@osc.state.ny.us Web: www.osc.state.ny.us/retire

EMPLOYER NAME
 AND ADDRESS

In reply refer to
 Reg. No:
 S. S. No:
 Unit:
 Re:
 User ID:
 Ret. Date:
 Location Code:

THE INFORMATION REQUESTED BELOW IS NEEDED TO ACCURATELY CALCULATE THE RETIREMENT BENEFIT OF THE ABOVE NAMED MEMBER. NO RETIREMENT BENEFITS WILL BE PAID TO THE EMPLOYEE LISTED ABOVE UNTIL THIS FORM IS COMPLETED AND RETURNED TO THE ABOVE ADDRESS. PLEASE DO NOT FORGET TO SIGN AND DATE THE BACK OF THE FORM.

THIS MEMBER WAS LAST REPORTED TO THE RETIREMENT SYSTEM _____.

1. THE LAST DAY OF PAID SERVICE WAS _____.
2. THE TOTAL NUMBER OF UNUSED SICK LEAVE DAYS CREDITED TO THE ABOVE NAMED EMPLOYEE AT RETIREMENT IS _____ DAYS. (ENTER IN DAYS NOT HOURS)
 SICK LEAVE DAYS FOR WHICH A LUMP SUM PAYMENT WAS MADE SHOULD NOT BE INCLUDED (ENTER 0 IF NONE, ENTER UNKNOWN IF NOT KNOWN), ENTRY MUST BE MADE.

3. PLEASE ENTER THE AMOUNTS PAID AND PERIODS COVERED BY THE FINAL FIVE SALARY PAYMENTS (EXCLUDING ANY LUMP SUM PAYMENTS LISTED IN SECTION 5).

PERIOD ENDING _____	GROSS SALARY \$ _____	DATE PAID _____
PERIOD ENDING _____	GROSS SALARY \$ _____	DATE PAID _____
PERIOD ENDING _____	GROSS SALARY \$ _____	DATE PAID _____
PERIOD ENDING _____	GROSS SALARY \$ _____	DATE PAID _____
PERIOD ENDING _____	GROSS SALARY \$ _____	DATE PAID _____

4. PLEASE INDICATE IF SALARY HAS BEEN INCREASED OR ANY SPECIAL PAYMENT IN ANTICIPATION OF, OR BECAUSE OF RETIREMENT (OTHER THAN AS LISTED ABOVE - example termination pay).

IF YES, EXPLAIN _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM IN ITS ENTIRETY AND SIGN

5. LUMP SUM PAYMENT(S)

PLEASE LIST ALL TYPES OF PAYMENTS SEPARATELY. ENTER NA IF NOT APPLICABLE.

	DAYS (Enter in days not hours)	PAYMENT AMOUNT	PAYMENT DATE
A. LUMP SUM VACATION	_____	\$ _____	_____
B. LUMP SUM OVERTIME*	_____	\$ _____	_____
C. LUMP SUM SICK LEAVE	_____	\$ _____	_____
D. LUMP SUM HOLIDAYS	_____	\$ _____	_____
E. LUMP SUM LONGEVITY	_____	\$ _____	_____
(If prorated give dates)	_____		
F. OTHER PAYMENTS (EXAMPLES—BALANCE OF CONTRACT, RETROACTIVE PAYMENTS, VACATION BUY BACK OR PAYMENT FOR UNUSED SICK LEAVE).			
TYPE OF PAYMENT	DATES COVERED	PAYMENT AMOUNT	PAYMENT DATES
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

***PROVIDE TIME PERIOD THAT LUMP SUM OVERTIME PAYMENT APPLIES TO**

6. IS EMPLOYEE ON OR HAVE THEY BEEN ON WORKERS COMP DURING THE PAST THREE YEARS (5 YEARS TIERS 2, 3, 4)?

Yes____ No____
(Please check one)

7. HAS EMPLOYEE BEEN GRANTED AN APPROVED MEDICAL LEAVE OF ABSENCE SINCE THE LAST DATE PAID?

Yes____ No____
(Please check one)

IF YES, DATE LEAVE BEGAN AND ENDED. ____/____/____ thru ____/____/____
(MM) (DD) (YYYY) (MM) (DD) (YYYY)

8. WHO MAY WE CONTACT WITH QUESTIONS ABOUT THE INFORMATION SUBMITTED ON THIS FORM, IF OTHER THAN AUTHORIZED SIGNATURE?

NAME

TELEPHONE NUMBER

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM AND AFFIXED TO FORM CLEARLY IDENTIFIES ALL TYPES OF PAYMENTS MADE TO _____.

RETIREE'S NAME

AUTHORIZED SIGNATURE DATE TITLE TELEPHONE

PLEASE COMPLETE BOTH SIDES OF THIS FORM IN ITS ENTIRETY AND SIGN