

**Received Date**

# Statement of Accrued Payments and Leave Credits

**RS 6221**  
(Rev. 05/18)

Please type or print clearly  
in blue or black ink

**NYSLRS ID**

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

**Social Security Number** [last 4 digits]

XXX-XX-  □□□□

**Retirement System** [check one]

Employees' Retirement System (ERS)   
 Police and Fire' Retirement System (PFRS)

|  |                         |
|--|-------------------------|
| In reply refer to:   |                         |
| Employee Name:   | Date of Retirement:     |
| Employer Name:   | Employer Location Code: |
| Employer Address: (Including Street, City, State and Zip Code) |                         |

YOU MAY UPLOAD THIS FORM IN THE RETIREMENT ONLINE EMPLOYER PORTAL ON THE "UPLOAD A MEMBER DOCUMENT" PAGE OR MAIL THE FORM BACK TO THE ADDRESS ABOVE.

1. DAY THE MEMBER WAS LAST REPORTED TO THE RETIREMENT SYSTEM: \_\_\_\_\_.
2. LAST DAY OF PAID SERVICE: \_\_\_\_\_.
3. TOTAL NUMBER OF UNUSED SICK LEAVE DAYS (NOT HOURS) CREDITED AT RETIREMENT: \_\_\_\_\_.  
*Sick leave days in which a lump sum payment was made should not be included. Please enter "0" if none, enter "unknown" if not known. Do not leave blank.*
4. 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 |
|---------------|--------------|-----------|
|               | \$           |           |
|               | \$           |           |
|               | \$           |           |
|               | \$           |           |
|               | \$           |           |

5. IF SALARY HAS BEEN INCREASED OR THERE HAS BEEN ANY SPECIAL PAYMENT IN ANTICIPATION OF, OR BECAUSE OF RETIREMENT (OTHER THAN AS LISTED ABOVE, FOR EXAMPLE, TERMINATION PAY) PLEASE LIST BELOW:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



6. LUMP SUM PAYMENT(S). PLEASE LIST ALL TYPES OF PAYMENTS SEPARATELY. ENTER NA IF NOT APPLICABLE.

|   | DAYS<br>(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 PAYMENTS FOR UNUSED SICK LEAVE). |                                   |                |                 |
| TYPE OF PAYMENT   | DATES COVERED                     | PAYMENT AMOUNT | PAYMENT DATE(S) |
|   |                                   | \$             |                 |
|   |                                   | \$             |                 |
|   |                                   | \$             |                 |
|   |                                   | \$             |                 |
|   |                                   | \$             |                 |
| *PROVIDE TIME PERIOD THAT LUMP SUM OVERTIME PAYMENT APPLIES TO  |                                   |                |                 |

7. IS EMPLOYEE ON OR HAVE THEY BEEN ON WORKER'S COMPENSATION DURING THE PAST FIVE YEARS (9 YEARS FOR TIER 6)?

YES  NO   
(Please check one)

8. 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)

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

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM AND AFFIXED TO THE FORM CLEARLY IDENTIFIES ALL TYPES OF PAYMENTS MADE TO: \_\_\_\_\_

Employee's Name

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_