North Carolina
Retirement Systems

Form 6C
Reporting an Employee's Work Record for Retirement

Print or type in black ink. No erasures, strikeovers or whiteouts permitted. Do not staple pages.

Section A. This employee recently applied for retirement.

First Name	M.I.	Last Name		Suffix
Mailing Address			Date of Birth	SSN
City		State	Zip Code	Phone
Retirement System			Effective Retirement Date	Member ID

Section B. 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. **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. **Project the final payouts below.**

Annual Leave Payout	
Bonus Leave Payout	
Installment Payout	
Longevity Payout	
Supplement Payout	

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.*

Continue to the next page.

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Section B. Provide final work record information. (Continued)

7.	**What was the employee's 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.*	
	Beginning Month (If less than 12 months)	**Ending Month** (If less than 12 months)

9.	**Pay Period (Monthly, Bi-Weekly, Weekly)**
	If the employee is paid on a delayed basis, explain (1 Week / 2 Week Delay)

Section C. 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 Signature _____ Date _____

Contact First Name	Contact Last Name	Unit Number
Employer / Agency	Contact Position Title	
Email Address	Phone	Fax

Member Last Name	Member SSN

Section D. Submit this form by mail or email.

You may mail the completed form to the address below, or you may email this form to **memberrecords@nctreasurer.com**. If we may be of further assistance, please contact Member Services by phone (**(919) 814-4590)** or email (**nc.retirement@nctreasurer.com)** for status and/or questions. For timely processing, please submit this form to the Retirement Systems Division at least 60 days before the effective retirement date.

Submit the completed form with supporting documentation by mail or email.