

TO: Retiree

FROM: Treasurer - Retirement

In order for us to properly determine your final average compensation for retirement purposes please place an X by each of the below listed items that you have been compensated for since October 1997, the date and amount received.

X HERE **TYPE OF COMPENSATION** **DATE RECEIVED** **AMOUNT**

	State Bar Dues		
	Uniform Allowance		
	Sick Leave Buyback (Annual Prog. Over 200 hrs)		
	In lieu of mileage (Flat Rate Only)		
	Bilingual Pay		
	Shift Differential		
	On-Call Pay		
	Firefighters in Lieu of Holiday Pay		
	EMT II/Paramedic Stipend		
	Bomb Stipend		
	Educational Allowance (Ongoing)		
	Resident Duty Pay		
	One Time Bonus		
	Staff Stipend (Special Assignments)		
	Compensation Time (Holiday Comp Only)		
	Vacation Buy Back - Appointed Dept. Head		

Calculation of final compensation for determining retirement benefits will be based on information given above and base pay and no request for change will be considered.

Member Signature

Date