

### STATE BOARD RETIREMENT PLAN

# SBRP Supplemental Calculation - Part Two Section III - Calculation Worksheet

Washington State Boar	rd	S	Section III - Calci	ulation Workshee
Retiree's name:		Γ	Date of birth:	Last 4 SSN:
			Last day i	n pay status:
While employed at you				
Was the retiree age 50?	If not, why?			
Provide any information				t increases in salary:
	et below, fill in the mo			service, unless
If attaching your ow		mation above (as well	as the columns heading	ngs and totals) must be s been requested.
	Months of SBRP Service		Service Credit	Total Income
	During the FY salary was earned and contributions were deducted	For example, enter 9 for a faculty member with an academic year appt	Calculate FTEs based or employer's definition of FT or in-class hours	
	Service Credit To	otal (maximum of 25) =		]

Date Completed:

Enter service credit beyond 25 years:

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## SBRP Supplemental Calculation Packet Section IV - Calculation Worksheet Instructions

#### **COLUMN 1 - FISCAL YEAR**

Enter the fiscal years during which the employee had earnings and employer pick-up, or employee contributions were sent to TIAA-CREF (matched by employer non-elective contributions). "Fiscal year" is defined as the period beginning July 1 of any year and ending June 30 of the subsequent year.

**Special note regarding otherwise eligible retirees employed by technical colleges:** Years of service prior to 9/1/1991, and pension benefits based on such service, should not be included in the calculation of a supplemental benefit entitlement. Supplemental benefits are based on years of service at WA public higher education institutions/agencies only. Prior to 9/1/1991, the former vocational-technical institutions (now technical colleges) were elements of the public school system.

#### **COLUMN 2 - MONTHS OF SERVICE**

Enter the number of months of service during which salary was earned and SBRP contributions were deducted or matched.

#### **COLUMN 3 - APPOINTMENT YEAR**

Enter the basic appointment period for each year.

**Example #1:** enter "9" for a faculty member with an academic year appointment. If they were on leave of absence *without* pay for one quarter during a year, you would still enter "9" in Column 3, but the correct entry for Column 2 would be "6." If the faculty member had received a sabbatical stipend during the leave from which SBRP contributions were deducted and matched, you would enter "9" in both columns. Include time representing accrued vacation days only if the individual was entitled to accrue such leave.

**Example #2:** enter "12" for an administrator with a contract or appointment for the calendar year beginning July 1, but enter "11" for an administrator with a contract or appointment for 240 days of service, etc.

#### **COLLUMN 4 - SERVICE CREDIT**

Calculate the FTEs based on the employer's definition of full time or in-class teaching hours, i.e., if full time faculty teaching load is 45 credits and the faculty member teaches 20 credits, the FTE would be .44.

**Example:** a faculty member on sabbatical *with* pay for one quarter, if contributions were made, would receive 1.00 FTE year of service. If contributions were not made, or if the leave was *without* pay, the correct entry would be .66 FTE year.

Service credit for each fiscal year should not exceed 1.00.

#### **COLUMN 5 - TOTAL INCOME**

Enter the total income (salary, moonlight pay, extra duty pay, responsibility, or leave stipend) from which SBRP contributions were deducted and matched during the fiscal year. In the final year entered, payment cannot exceed 30 days for accrued and unused vacation leave from which SBRP contributions were deducted and matched. **Do not include fees for** unused sick leave, early retirement incentive program settlements, or income from which SBRP contributions were not deducted.

Review the <u>401(a) Supplemental Retirement Plan</u>, <u>SBRP Summary Plan Description (FAQs)</u> or visit the <u>State Board Supplemental Retirement Plan</u> web page for more information.

Contact Pamela Kelly, <u>pkelly@sbctc.edu</u> or 360-704-4301, for further assistance.

**Signed documents must be mailed to** SBRP Admin, PO Box 42495, Olympia WA 98504-2495. Forms that do not list sensitive information (full SSN) may be emailed to the HRC above.