

# Richland Parish School Board 13th Termination Worksheet

|                                  |                |
|----------------------------------|----------------|
| <b>Fiscal Year:</b>              | <b>Amount:</b> |
| _____                            | _____          |
| _____                            | _____          |
| _____                            | _____          |
| <b>Three Year Average:</b> _____ |                |

**FOR OFFICE USE ONLY**

|   |            |           |
|---|------------|-----------|
| Earning 16  | Classified | Certified |
|   |            |           |
| Does employee pay medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No                        |            |           |
| Employee retirement <input type="checkbox"/> LTR <input type="checkbox"/> LSE <input type="checkbox"/> FICA |            |           |
| LSE does not want retirement money if terminated in system. Teacher Ret., LTR Drop requires payment.        |            |           |
| Is employee in DROP? <input type="checkbox"/> Yes <input type="checkbox"/> No                               |            |           |
| If yes: Begin date _____ End date _____   |            |           |
| DROP in/DROP out this fiscal year? <input type="checkbox"/> Yes <input type="checkbox"/> No                 |            |           |
| Days to pay retirement contract days: _____   |            |           |

\_\_\_\_\_ Fiscal Year Calendar Days

New Hire:  Yes  No

Certified:

- \_\_\_\_\_ 1 year = 1/4 share
- \_\_\_\_\_ 2 years = 1/2 share
- \_\_\_\_\_ 3 years = 3/4 share
- \_\_\_\_\_ 4 years = 1 share

**Classified:**

\_\_\_\_\_ 1 full share

Employee: \_\_\_\_\_

Employee #: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Fund Act. No. \_\_\_\_\_

Term Date \_\_\_\_\_

|                        |                |                 |   |                |
|------------------------|----------------|-----------------|---|----------------|
| Work Days              | _____          |                 |   |                |
| Leave Without Pay Days | _____          |                 |   |                |
| Actual Days Worked     | _____          |                 |   |                |
| Contract Days          | _____          |                 |   |                |
|                        |                |                 |   |                |
| % of Year Worked       | X              | X               | = |                |
| %                      | 2 year average | allowable share |   | *payoff amount |

**APPROVED FOR PAYMENT:** \_\_\_\_\_  
Business Manager

Employer Cost: Retirement Match \_\_\_\_\_ Medicare Match \_\_\_\_\_ Total Employer Cost \_\_\_\_\_

\*\*\*\*\*  
**\*DISCLAIMER**

I agree to accept the payment due as listed above as payment in full of all monies owed to me by the Richland Parish School Board related to the sales tax collections distributed as the 13th check. I understand that the payment due is calculated using an average of the prior two years sales tax collections and is not based upon actual sales tax collections of the current year.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature