



REQUEST FOR ADDITIONAL INFORMATION

(See reverse side of form for instructions.)

Complete this form only if the member had supplemental earnings in any of the past five fiscal years **or** the member's contract year was August through July and the member worked in July. Information on this form will assist us in computing the proper final average salary for retiring members. Please complete the appropriate information in the spaces below and submit this form to STRS Ohio.

Name _____ Social Security number _____

	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
Member Contribution Rate	10.00%	11.00%	12.00%	13.00%	14.00%

General Information

1. Position member held	_____	_____	_____	_____	_____
2. Contract amount	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
3. Unearned amount for board-approved docked days. \$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
4. Amount of compensation reported during the fiscal year listed but earned in the prior fiscal year and not backposted. <i>Do not list accrued wages</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
5. Contract specified to begin	_____	_____	_____	_____	_____
6. Contract specified to end	_____	_____	_____	_____	_____
7. Number of days in contract	_____	_____	_____	_____	_____

Supplementals or Additional Earnings

8. Pickup included in compensation for retirement purposes. Indicate percentage.....	_____ %	_____ %	_____ %	_____ %	_____ %
9. Earnings for extended days.....	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
10. Supplemental earnings (please itemize) _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Complete line 11 only if the member had a contract beginning on Aug. 1 and the member worked under the contract in July. (Colleges and universities do not need to complete this portion.)

11. Portion of previous year's contract included in this fiscal year's annual report	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
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For STRS Ohio use only.

Recon: Yes No Totals: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

INSTRUCTIONS FOR COMPLETING THIS FORM

GENERAL INFORMATION

1. Indicate member's position. If position changed midyear, indicate date changed in the comment section of the deposit and service report.
2. Provide full contract amount even if contract was not completed.
3. Supply any amounts deducted for docked days or unearned contract amounts that were approved by your board.
4. List any compensation that was reported to STRS Ohio in this fiscal year but was actually earned in the previous fiscal year (prior to July 1) and not backposted. Do not list accrued wages.
5. Beginning date of contract.
6. Ending date of contract.
7. Number of days in full contract (even if contract was not completed).

SUPPLEMENTALS OR ADDITIONAL EARNINGS

8. Provide percentage of pickup only if included in compensation for retirement purposes.
9. Amount of compensation for extended days. Extended days occur outside the beginning and ending contract dates.
10. List all other supplementals separately, giving a brief description of each (e.g., golf coach, summer school, etc.).

Complete line 11 only if the member had a contract beginning on Aug. 1 and the member worked under the contract in July.

(Colleges and universities do not need to complete this portion.)

11. Provide the portion of the previous year's contract that was earned and included in this year's annual report. This generally applies only to superintendents or administrators who perform contract work during July. It is the amount of July earnings from the prior contract year.