STATE OF DELAWARE - EMPLOYMENT SETTLEMENT WORKSHEET

Employee:	EMPLID:
Employee Representative:	Phone No:
Organization:	DEPTID:
Organization Representative:	Phone No:
Incomplete worksheets will be returned; and, approval of the settle	ement payment will be delayed.
1. Does the settlement payment include wage-related claims?	YesNo
(e.g. salary, wages, back pay, overtime pay, severance pay)	
a. Total Amount:	
b. Wage Description (REG, OT, Shift, etc.):	
c. Pay Period Date Range, if applicable:	
2. Select One: Use the valid Form W-4 on file OR Submi	t a new valid Form W-4 🗌
On Demand Payroll Check issued through PHRST System. Applicable taxes	withheld. Reporting – Form W-2.
3. Was the award reduced (offset) by any other payments?	Yes 🗌No 🔲
a. Unemployment Amount:	
b. Other Amount (Specify Type):	
4. Was the position a Pension-covered position?	Yes 🗋No 🗋
a. Pension Plan:	
Pension Office adjusts Creditable Service based on the date range in Questi	on 1 response.
5. Does settlement include benefits restoration?	Yes 🗌No 🗌
a. Health Insurance Premiums 🗌 Leave Accrual 🗌 Other (Describe)	0
Statewide Benefits Office approves adjustments to Health Insurance Premiu	ms and Leave Accruals.
6. Does the settlement payment include Damages?	Yes []No []
a. Amount:	
b. Description: Compensatory (i.e., Emotional Distress)	Medical Expenses
Other (Describe)	
FSF issues Accounts Payable Check. No taxes withheld. Reporting – Form	1099-MISC.
7. Does the settlement payment include Attorney Fees?	Yes []No []
a. Amount:	
b. Payable to: Attorney Only Attorney AND Employee	
FSF issues Accounts Payable Check. No taxes withheld. Reporting – Form	1099-MISC Attorney & Employee
8. Have all parties signed the settlement agreement?	
OMB Budget Analyst approves the funding source(s) for all settlement related	
I certify that the above is true and accurate based on my personal k	
i certify that the above is true and accurate based on my personal k	no neuge, mior mation and Dellel.