



## REQUEST FOR ADDITIONAL INFORMATION

**EMPLOYERS: PLEASE DO NOT SEND THIS FORM TO STRS OHIO.** Use this optional form to gather information prior to completing and submitting the request for additional information in Employer Self Service (ESS).

Complete this report in ESS 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 in this report will assist us in computing the proper final average salary for retiring members. See the reverse side of this form for instructions.

Employee \_\_\_\_\_ Social Security number (last four digits) \_\_\_\_ \_

	2018–2019	2019–2020	2020–2021	2021–2022	2022–2023
<b>Member Contribution Rate</b>	<b>14.00%</b>	<b>14.00%</b>	<b>14.00%</b>	<b>14.00%</b>	<b>14.00%</b>

### 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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# 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.