

APPLICATION FOR RECALCULATION OF EMPLOYER COST

INSTRUCTIONS: Any employer affected by Section 15-155(g) of the Illinois Pension Code (40 ILCS 5/15-155(g)), also known as the "6% Rule," may apply for a recalculation within 30 days after the receipt of the bill on the basis of exclusions provided for under Subsections 15-155(h) or (i) of the Code. This form must be signed and notarized and documentation attached, if required, by a duly authorized official who has knowledge of the facts represented below.

Please mail to:
STATE UNIVERSITIES RETIREMENT SYSTEM
P.O. Box 2710
Champaign, IL 61825-2710
1-800-ASK SURS 217/378-8800 (C-U Area)
FAX (217) 378-9800

SURS Participant	SURS ID No.	Employer Name	Bill Issue Date
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The following earnings paid to the above-named employee are excludible from the calculation of employer contributions under 40 ILCS 5/15-155(g) for the reason(s) specified below.

Item(s) _____ was/were paid for a promotion that the Illinois Community College Board has recommended in accordance with 40 ILCS 5/15-155(k).

Item	Earnings Paid	Pay Period(s) Ending	Exemption Type (One per Item)
1			<input type="checkbox"/> Overload <input type="checkbox"/> Overtime <input type="checkbox"/> Promotion <input type="checkbox"/> Other
2			<input type="checkbox"/> Overload <input type="checkbox"/> Overtime <input type="checkbox"/> Promotion <input type="checkbox"/> Other
3			<input type="checkbox"/> Overload <input type="checkbox"/> Overtime <input type="checkbox"/> Promotion <input type="checkbox"/> Other
4			<input type="checkbox"/> Overload <input type="checkbox"/> Overtime <input type="checkbox"/> Promotion <input type="checkbox"/> Other

I certify that the promotion(s) was to a position(s) that (1) has existed and been filled for no less than one complete academic year and (2) the earnings increase as a result of the promotion is an increase that results in an amount no greater than the average salary paid for other similar positions.

Attached is documentation as evidence of the foregoing. Additionally,

- For SUCSS promotions, attached is documentation showing the promoted salary rate and the midpoint of the salary range for the classification approved by the SUCSS Merit Board at the time of the promotion.
- For promotions in academic rank, attached is documentation showing the average salary paid for tenured or tenure-track faculty positions in the same department for the academic year the promotion is effective.
- For promotions recommended by ICCB, attached is documentation showing ICCB's approval of the promotion according to rules promulgated by the ICCB.

If more items are needed, please use a separate form.

I. Overloads. Item (s) _____ represent earnings for overload work, including summer teaching. **I certify** that (1) the overload work is for the sole purpose of academic instruction in excess of the standard number of instruction hours for a full-time employee occurring during the academic year that the overload is paid, and (2) the earnings increases are equal to or less than the rate of pay for academic instruction computed using the participant's current salary rate and work schedule. **Attached for each item of overload earnings are** (1) the policies that were in force at the time the overload work was performed that show the standard number of instruction hours for a full-time employee, and (2) documentation showing the salary rate and work schedule of the participant in the year of the overload.

II. Overtime. Item(s) _____ represent earnings for overtime. **I certify** that the overtime work performed was necessary for the educational mission.

III. Promotions.

Item(s) _____ was/were paid for a promotion for which the employee moved from a lower to higher classification under the State Universities Civil Service System.

Item(s) _____ was/were paid for a promotion in academic rank for a tenured or tenure-track faculty position;

IV. Other.

Item(s) _____ are grandfathered. **Attached is the grandfathered contract under which the earnings were paid.**

Item(s) _____ were paid when the participant was 10 or more years from retirement eligibility under Section 15-135.

Item(s) _____ were collectively bargained sick leave or vacation pay. **Attached is documentation as evidence of the nature of this pay.**

I, _____, do hereby affirm, under penalty of perjury, that the above statements are true and accurate to the best of my knowledge and belief.

Sign: _____

Title: _____ Date: _____

SUBSCRIBED AND SWORN before me this _____th day of _____, 20_____.

Notary: _____ [SEAL]