124 WEST CAPITOL STE 400
LITTLE ROCK, AR 72201

ARKANSAS PUBLIC EMPLOYEES RETIREMENT SYSTEM
COUNTY AND MUNICIPAL MONTHLY EARNINGS AND SERVICE REPORT

AGENCY NAME _____

AGENCY # _____

MO.	DAY	YR.	PAGE NO.

STATUS					CURRENT MONTH			SERVICE CODE
N L T M D	STATUS CODE DATE:	PLAN C N K NE D R	NAME OF EMPLOYEE (Last Name, MI, First Name)	SOCIAL SECURITY	EARNINGS	CONTR.	Hrs Worked	P E S

"I do hereby certify that this Earnings and Service Report contains all elligible employees (i.e. active, DROP, retirees) of this Agency." "The DROP participants worked at least 80 hours (as required in the DROP regulations) during the current month."

_____ _____

Date Reporting Official

Status Codes: N·New T·Terminated D·Deceased L·Leave Without Pay M·Military Leave

Plan Codes: C N K NE D R (refer to Employer instructions)

Service Codes: P- Public Safety E- Elected Official S- Sheriff