124 WEST CAPITOL STE 400
LITTLE ROCK, AR 72201

ARKANSAS PUBLIC EMPLOYEES RETIREMENT SYSTEM
JUDICIAL MONTHLY EARNINGS AND SERVICE REPORT

AGENCY NAME _____

AGENCY # _____

MO.	DAY	YR.	PAGE NO.

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

"I do hereby certify that this Earnings and Service Report contains all eligible employees of this Agency."

Date _____ Reporting Official _____

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

Plan Codes: C - Contributory N - Non-Contributory