124 WEST CAPITOL STE 400
LITTLE ROCK, AR 72201

ARKANSAS PUBLIC EMPLOYEES RETIREMENT SYSTEM
MONTHLY EARNINGS AND SERVICE REPORT
SCHOOL DIVISION

AGENCY NAME _____

AGENCY # _____

MO.	DAY	YR.	PAGE NO.

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

"I do hereby certify that this Earnings and Service Report contains all eligible employees (i.e. active, DROP) 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 D (refer to Employer instructions)