

STATE: NON-AASIS EMPLOYER

APERS MONTHLY RECONCILIATION

(THIS FORM MUST BE ATTACHED TO THE EARNINGS AND SERVICE REPORTS)

MONTH OF _____ YEAR _____

AGENCY NUMBER: _____

NAME OF AGENCY: _____

Part 1: Employee/Employer Contributions Due (From the Monthly Earnings and Service Report)					
Employee Contributions	Plan Code	Reported Earnings		Rate	Contributions Due
Total Salaries of ALL Contributory Employees	C, K		x	0.0500	
Employer Contributions	Plan Code	Reported Earnings		Rate	Contributions Due
Total Salaries of ALL EMPLOYEES	C, K, N, *D, *R		x	0.1347	
Total Employee/Employer Contributions Due					

Part 2: Employee/Employer Contributions Paid (Payments Made During Report Month)			
Payroll Processing Date (mm/dd/yyyy)	Employee Contributions	Employer Contributions	Total EE and ER Paid
Total Payments			

Part 3: Reconciliation			
	Employee Contributions	Employer Contributions	Total EE and ER
Total Employee/Employer Contributions Due			
Total Employee/Employer Contributions Paid			
Difference: Over (Short)			

Explanation of Difference:

Signature of Reporting Official

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Telephone Number

** Plan Codes D and R (DROP and Retired returning to APERS covered position) effective January 1, 2012*