

ARKANSAS PUBLIC EMPLOYEES RETIREMENT SYSTEM RETROACTIVE WAGE FORM

Please list the MONTHLY earnings of each fiscal year (July - June).

IMPORTANT: All earnings should be listed within the dates as listed by the Retro-Active raise.

The period covered for the below listed individual is from _____ to _____.

The total matching due is \$ _____. Contributory _____ Non-Contributory _____

NAME _____ SS# _____

ADDRESS _____

JULY _____	\$ _____	JANUARY _____	\$ _____
AUGUST _____	\$ _____	FEBRUARY _____	\$ _____
SEPTEMBER _____	\$ _____	MARCH _____	\$ _____
OCTOBER _____	\$ _____	APRIL _____	\$ _____
NOVEMBER _____	\$ _____	MAY _____	\$ _____
DECEMBER _____	\$ _____	JUNE _____	\$ _____

\$ _____
TOTAL

JULY _____	\$ _____	JANUARY _____	\$ _____
AUGUST _____	\$ _____	FEBRUARY _____	\$ _____
SEPTEMBER _____	\$ _____	MARCH _____	\$ _____
OCTOBER _____	\$ _____	APRIL _____	\$ _____
NOVEMBER _____	\$ _____	MAY _____	\$ _____
DECEMBER _____	\$ _____	JUNE _____	\$ _____

\$ _____
TOTAL

JULY _____	\$ _____	JANUARY _____	\$ _____
AUGUST _____	\$ _____	FEBRUARY _____	\$ _____
SEPTEMBER _____	\$ _____	MARCH _____	\$ _____
OCTOBER _____	\$ _____	APRIL _____	\$ _____
NOVEMBER _____	\$ _____	MAY _____	\$ _____
DECEMBER _____	\$ _____	JUNE _____	\$ _____

\$ _____
TOTAL

JULY _____	\$ _____	JANUARY _____	\$ _____
AUGUST _____	\$ _____	FEBRUARY _____	\$ _____
SEPTEMBER _____	\$ _____	MARCH _____	\$ _____
OCTOBER _____	\$ _____	APRIL _____	\$ _____
NOVEMBER _____	\$ _____	MAY _____	\$ _____
DECEMBER _____	\$ _____	JUNE _____	\$ _____

\$ _____
TOTAL

JULY _____	\$ _____	JANUARY _____	\$ _____
AUGUST _____	\$ _____	FEBRUARY _____	\$ _____
SEPTEMBER _____	\$ _____	MARCH _____	\$ _____
OCTOBER _____	\$ _____	APRIL _____	\$ _____
NOVEMBER _____	\$ _____	MAY _____	\$ _____
DECEMBER _____	\$ _____	JUNE _____	\$ _____

\$ _____
TOTAL

AGENCY _____ SIGNATURE _____