

PURCHASE OF DELINQUENT SERVICE AND CONTRIBUTIONS

MEMBER'S NAME _____ SS# _____

MEMBER'S ADDRESS _____

<u>FISCAL YEAR</u> <u>JULY – JUNE</u>	<u>AGENCY NUMBER</u>	<u>EMPLOYEE POSITION</u>	<u>NUMBER OF</u> <u>MONTHS SERVICE*</u>	<u>COMPENSATION</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*** Members are required to work 80 hours per month to earn a month of Service. However, school employees earn a month of service if they work at least half the hours required of the position.**

I do hereby certify that the above is a true and correct record and furthermore understand that in accordance with A.C.A. 24-4-102, "Any Person who knowingly makes any false statements or who falsifies or permits to be falsified any record, in an attempt to defraud the system as the result of such act, shall be guilty of a misdemeanor and shall, upon conviction by a court, be punished by a fine of not less than one hundred dollars (\$100) or a maximum of six (6) months in jail, or both."

AGENCY NAME _____ ADDRESS _____

DATE _____

SIGNATURE AND TITLE OF AGENCY REPRESENTATIVE _____

TO BE COMPLETED BY APERS	1 st Calculation	2 nd Calculation	3 rd Calculation
Employee Contributions Due.....	\$ _____	\$ _____	\$ _____
Interest on Employee (EE) Contributions.....	\$ _____	\$ _____	\$ _____
1. TOTAL EE CONTRIBUTIONS & INTEREST.	\$ _____	\$ _____	\$ _____
Employer Matching Due.....	\$ _____	\$ _____	\$ _____
Interest on Employer (ER) Matching.....	\$ _____	\$ _____	\$ _____
2. TOTAL ER MATCHING & INTEREST.....	\$ _____	\$ _____	\$ _____
TOTAL DUE APERS (1+2)	\$ _____	\$ _____	\$ _____

TO BE COMPLETED BY AGENCY

TOTAL AMOUNT PAID BY EMPLOYEE..... \$ _____

TOTAL AMOUNT PAID BY AGENCY..... \$ _____

TOTAL REMITTANCE ATTACHED..... \$ _____

State Agencies Only:
Employee Personnel Number: _____
Retroactive Calculation ___(Yes) ___(No)
Retroactive Calculation Date: _____

Please list the monthly earnings and service of each fiscal year (July - June) listed on the attached Delinquent Service Form. **IMPORTANT:** All earnings should be listed even if the member did not work enough hours to earn service. Members are required to work 80 hours per month to earn a month of service. However, school employees earn a month of service if they work at least half the hours required of the position.

NAME _____ SSN# _____

	SALARY	SERVICE		SALARY	SERVICE
JULY _____	\$ _____	_____	JANUARY	\$ _____	_____
YEAR _____					
AUGUST	\$ _____	_____	FEBRUARY	\$ _____	_____
SEPTEMBER	\$ _____	_____	MARCH	\$ _____	_____
OCTOBER	\$ _____	_____	APRIL	\$ _____	_____
NOVEMBER	\$ _____	_____	MAY	\$ _____	_____
DECEMBER	\$ _____	_____	JUNE _____	\$ _____	_____
			YEAR _____		
				TOTAL \$ _____	

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

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

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