MONTANA PUBLIC EMPLOYEE RETIREMENTADMINISTRATION
100 N PARK AVE STE 200 ~ PO BOX 200131
HELENA MT 59620-0131
406-444-3154 or toll free 877-275-7372

CERTIFICATION OF COMPENSATION AND HOURS

NAME_____ EMPLOYER_____

From _____ through _____

Certify the compensation, by month, paid to the above employee. Provide the actual number of hours worked, as they appeared on your payroll report for *all* employment.

	Year: _____		Year: _____		Year: _____		Year: _____	
	Compensation	Hours	Compensation	Hours	Compensation	Hours	Compensation	Hours
JAN								
FEB								
MAY								
APR								
MAY								
JUN								
JUL								
AUG								
SEP								
OCT								
NOV								
DEC								
TOTAL								

I certify the above compensation and hours accurately reflect the payroll records of this agency.

_____ _____ _____
Name of Payroll Clerk/Certifying Official Telephone Number E-mail Address

_____ _____
Signature of Payroll Clerk/Certifying Official Date