



Montana Public Employee Retirement Administration
 PO Box 200131 • Helena MT 59620-0131
 (406) 444-3154 • Toll Free (877) 275-7372
<http://mpera.mt.gov>

CERTIFICATION OF COMPENSATION AND SERVICE HOURS

Certify both the employee's monthly compensation and service hours. All amounts should be listed in a WHEN PAID basis, not when earned. If you have any questions, please contact MPERA.

Employee Name		SSN *		Full time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer		Dates of Service From: _____ Through _____			
Type of Retirement System eligible (check one) <input type="checkbox"/> PERS <input type="checkbox"/> TRS <input type="checkbox"/> MUS – RP <input type="checkbox"/> None					
YEAR					
	COMPENSATION REC'D	HOURS	COMPENSATION REC'D	HOURS	
JAN					
FEB					
MAR					
APR					
MAY					
JUN					
JUL					
AUG					
SEP					
OCT					
NOV					
DEC					
TOTAL					
REQUIRED SIGNATURE					
I certify the above compensation and hours accurately reflect the payroll records of this agency.					
Payroll Clerk/Certifying Official				Telephone Number	
Email Address				Date	

* For identification and tax purposes. §19-2-403(8) MCA, 26 USC § 6109.