



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 HOURS

Certify the employee's monthly actual compensation earned; the compensation they would have received if not for the absence; and the total hours missed. All amounts should be listed in a WHEN PAID basis, not when earned.

Last name		First Name			Employer			
Type of Certification (check one) _____ Hours and compensation previously not reported to PERS _____ USERRA Military Absence _____ Worker's comp					Dates Absent From _____ through _____			
YEAR	20_____				20_____			
	COMPENSATION REC'D	WOULD HAVE REC'D	DIFFERENCE	HOURS MISSED	COMPENSATION REC'D	WOULD HAVE REC'D	DIFFERENCE	HOURS MISSED
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			