



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. **NOTE: Do not submit this form for an independent contractor. This should only be submitted for Employees under Mont. Code Ann. §19-2-303 (25).** If you have any questions, please contact MPERA.

Employee Name		Date of Birth	Full time student? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employer		Dates of Service From: _____ through _____		
Type of Retirement System eligible (check one)				
PERS <input type="checkbox"/> TRS <input type="checkbox"/> MUS – RP <input type="checkbox"/> None <input type="checkbox"/>				
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	