

Louisiana Assessors' Retirement Fund

Employer Salary and Contribution Certification Form For Final Retirement/Back-DROP/Disability Benefit Calculations

Name of Employee

SSN

Parish

Date of Retirement (1st day after last working day)

In order to properly compute the benefits (especially with regard to the final average compensation) of the named employee, the retirement fund must be provided the salary and contribution information through the date of termination. Please provide the expected salary and contribution for each period since the last salary/contribution reported to the retirement office through the date of termination in the chart below.

Monthly Payroll Period	Description*	Earnings/Salary	8 % Contribution
	Monthly Earnings/Salary	\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

*Description: Each entry should have one of the following descriptions-Salary, Expense Account or Consolidated (if salaries are normally submitted in aggregate) to include the nature of the payment.

I certify that the information provided in this form is the best information available at this time. I additionally certify that the reported salary does not include deferred compensation match.

Signature of Employer's Representative

Date

Name of Employer's Representative