



## RETIREE RETURN TO WORK PART-TIME AFTER RETIREMENT

### Monthly Report of Earnings

R.S. 11:1762

#### RETIREE INFORMATION

First Name:	Middle Initial:	Last Name:	Last 4 Digits of SSN:
Name of Employer:			
Month of Part-Time Earnings: (Mo./Yr.)			

#### Monthly Gross Earnings:

(Do not use pay period for the month; use 1st through 31st only and do not include service as a part-time elected official.)

\$

#### EMPLOYER CERTIFICATION

Signature of Authorized Representative	Date of Signature

#### FOR MERS OFFICE USE ONLY

Date of Retirement:	Monthly Earnings Limit:	Current Benefit:
FAC at Retirement:	Current FAC:	Offset Amount:
Effective Date:	End Date:	Adjusted Benefit:
Calculated By:	Reviewed By:	

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