

Instructions for Monthly Contribution Report

- Report should be:**
- (1) executed in ink or typed.
 - (2) signed, legible, and accurately totaled, or the report will be returned.
 - (3) for every employee paid a salary from the Clerk of Court's Salary Fund who works more than an average of twenty hours per week and deductions for retirement on regular compensation ONLY. **DO NOT INCLUDE** bonuses, payment of accrued vacation, annual or sick leave, payment for overtime, terminal pay, severance pay, deferred salary, or any other type of irregular or nonrecurring payment.
 - (4) sent to the office within ten (10) days after the close of the month for which contributions are collected. Interest will be assessed on delinquent contributions.

Proper forms for new employees, and/or changed names of existing members on your report must accompany the contribution report.

When a member has a *change in status please list one of the reasons below next to the name on the report.

- (1) Leave with out pay
- (4) Terminated
- (2) Raise in salary
- (5) Other _____
- (3) Drop below twenty (20) hours per week
- _____

The failure of any clerk to make the required deductions or to remit to the Fund in accordance with law, within thirty (30) days of becoming due, shall be brought to the attention of the Board of Trustees.

Remit check and report to: Clerks Retirement and Relief Fund
11745 Bricksome Avenue, Suite B-1
Baton Rouge, Louisiana 70816

Keep a copy for your records.

Statement on DROP Participants

DROP Employee Name	Social Security Number	Gross Salary

Total DROP Salaries \$ _____

Statement of Re-Employment of a Retiree of the Clerks Retirement and Relief Fund

One of the following statements must be certified by the Clerk of Court.

- I hereby certify that I did not employ any current retirees of the Clerks of Court Retirement and Relief Fund during the aforementioned contribution month.
- I hereby certify that I employed the following retiree(s) of the Clerks of Court Retirement and Relief Fund and submit the information listed below for your records, in accordance with the law.

Retiree Name	Social Security Number	Gross Salary	Days Worked

Total Retiree Salaries/Days \$ _____

Signature of Clerk of Court

