



Submit completed form to:  
**County Employees' Retirement Fund**  
 2121 Schotthill Woods Drive  
 Jefferson City, MO 65101  
 Toll Free: 877-632-2373  
 Fax: 573-761-4404

Version 1.1

**FORM SV**  
**VERIFICATION OF PARTICIPANT'S**  
**SALARY, HOURS AND CONTRIBUTIONS**

**Participant Name:**

**Date:**

**SSN:**

**County:**

Since we have verified salary/hours on the front-end (for participants who had contributions) through periodic payroll uploads beginning January 1, 2003, you need only provide salary, hours and contributions for service prior to January 1, 2003. We will, however, need for you to provide all salary/hours through termination date for participants who did not have contributions since we had no way to verify their salary/hours on the front-end. List below the salary, hours, and contributions for the above-named member's service period. Also include the W-2 forms or certified payroll printout records that are signed and dated by the county clerk for the two highest years of salary.

Year	Gross Salary	Hours	Contributions	
			Employee Paid	County Paid
1994				
1995				
1996				
1997				
1998				
1999				
2000				
2001				
2002				
2003				
2004				
2005				
2006				
2007				
2008				
2009				
2010				

\_\_\_\_\_  
 County Clerk Signature

\_\_\_\_\_  
 Date