

Municipal Employees' Retirement System of Louisiana

RETURN TO WORK AFTER RETIREMENT GROSS EARNINGS FOR MONTH 1ST THROUGH 31ST

Date _____

Retiree Name _____ SSN _____

Municipality _____ Month of _____

Monthly Gross Earnings _____
(Do not use pay period, use 1st through 31st only)

Signature of Designated Authority

For Office Use Only

Date Retired _____ FAC at retirement _____

Current FAC _____ Monthly Earnings Limit _____

Current Benefit _____ Benefit Adjustment ____ Yes ____ No

Offset Amount _____ Adjusted Benefit _____

Effective Date _____ End Date _____

Calculated By _____ Checked By _____