Louisiana Clerks of Court Retirement and Relief Fund MONTHLY CONTRIBUTION REPORT

ACTIVE MEMBERS

(AVERAGING MORE THAN TWENTY (20) HOURS PER WEEK FOR MONTHLY REPORTING PERIOD)

Parish	Contribution Month				
Active Employee Name	Social Securit	y Number	Gross Sala	ry	8.25% Deduction
A CHANGE IN STATUS FORM MUST AC	COMPANY	THIS CON	TRIBUTION	REPO!	RT FOR EMPLOYEES
WHO HAVE A CHANG					
Repor	rt Summary a	nd Certific	ation		
_			1 (0.0=0/ 51	[
EMPLOYER CONTRIBUTIONS:	imployee Cont	ribution Tot	al (8.25% Dedu	iction):	
Total Active Emplo	yee Salaries:		2	2.25%	
Total DROP Employee Salar	_		2	2.25%	
Total Retirees Hours worked Salar	ries (Form 3):		2	2.25%	
	_			•	
Adjustment from prior month(s) Brief explanation for adjus	tmont		Adjustment a	mount	
biter explanation for augus	tinent.		Aujustinent ai	liouni.	
-					
		Total	Amount Paid to	o Fund	
I hereby acknowledge that I have read the instr	uctions on this	report and	I am aware of	the law	rs that govern the Clerks
Retirement and Relief Fund as they pertain to creporting. Further, I hereby certify that the inform	contributions to	the Fund i	n regard to eli		
Date		Sig	nature of Clerk	of Cou	rt

Signature of Clerk of Court

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DROP MEMBERS

Parish		Contribution Month				
DROP Employee Name	Social Security Number	Gross Salary	than twent week for mo	Did member average more than twenty hours per week for monthly payroll reporting period?		
			Yes	No		
-						
	+					
IF YOU INDICATED "NO" FOR DRO	OP MEMBER A CHANGE II	N STATUS <u>MUST</u>	ACCOMPA	NY THIS		
P.	CONTRIBUTION REPOR eport Summary and Certific					
N.			Emmlower C	'ambuilanti ama		
Please <u>ADD</u> DROP Employee Salar.	DROP Employee Salaries	1	Employer C	Contributions		
	utions to Form 1:	22.25%				
Adjustment from prior month(s)						
Brief explanation for adjust	tment:	Adjustment Amoun	t:			
			_			
			_			
	DROP A	Amount Paid to Fund	ı.			
I hereby acknowledge that I have read the in Retirement and Relief Fund as they pertain to reporting. Further, I hereby certify that the in	contributions to the Fund in reg	gard to eligibility, pay				
Date	Sig	nature of Clerk of Co	ourt			

fuly 2021 Form 3	RE-EMPLOYMENT OF RETIREE						
I hereby cert during the at	statements must be certified tify that I <u>did not</u> employ any forementioned contribution raify that I employed the follownformation listed below for y	current retiree(s) of the C month. wing retiree(s) of the Cler	ks of Court Retirement	and Relief Fund and			
RETIREE Name	Social Security Number	Gross Salary	Hours Worked	Rate of Pay HOURLY			
	+						
Please <u>ADD</u> Reti	iree Salaries and Employer	Retiree Salaries	Hours Worked	Employer Contr. 22.25			
•	Contributions to Form 1:						
	EMPLOYMEN	T FOR PART TIME	EMPLOYEES				
lease indicate the nu	imber of Part-Time employe	·	ement Contributions f	or this reporting period			
	ne employees, please indicate Retirees	# of Part-Time Employees					
* If no part-tin * Exclude all F		# of Part-Time Employees	gnature of Clerk of Co	purt			
* If no part-tin * Exclude all F	Retirees	# of Part-Time Employees					

Remit checks or ACH and reports to: Clerks Retirement and Relief Fund

10202 Jefferson Highway, Building A

Baton Rouge, Louisiana 70809

The failure of any clerk to make the required contributions 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.