

## 2015 NON-UNIFORMED PERSONNEL ROSTER

NAME OF MUNICIPALITY \_\_\_\_\_ COUNTY \_\_\_\_\_

Type of Plan

Defined Benefit  
 Defined Contribution

Name of Plan \_\_\_\_\_

Date Plan Established \_\_\_\_\_

If your municipality has multiple plans, you must prepare a separate roster for each eligible plan.

You may use computer-generated forms instead of this form. You must indicate all information requested. If you need additional forms you may copy this one.

\*\* For former employees eligible for certification, please indicate status and date of release: T=TERMINATION, D=DEATH, R=RETIREMENT

\*\*\* PLEASE INDICATE "P" FOR EACH POLICE OFFICER OR "F" FOR EACH FIREFIGHTER THAT ARE MEMBERS OF THIS NON-UNIFORMED PENSION PLAN

	*** P/F	EMPLOYEE NAME	2015 EMPLOYEE W-2 FULL-TIME WAGES ONLY	DATE OF BIRTH	DATE OF HIRE	**	DATE OF RELEASE	REPORT EMPLOYEE CONTRIBUTIONS ONLY	
								2015	ACCUMULATED
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									
21.									
22.									
<b>TOTALS</b>									
MUST AGREE WITH COVER PAGE			\$					\$	\$

RETURN FORM WITH AG-385 CERTIFICATION

\_\_\_\_\_  
(SIGNATURE OF CHIEF ADMINISTRATIVE OFFICER)