Arkansas Teacher Retirement System

Form # 210
Revised 4/2016
1400 West Third, Little Rock, AR 72201
Phone (501) 682-1517 or (800) 666-2877
Fax: (501) 682-1812
Website: www.artrs.gov

SALARY STATEMENT FOR SERVICE
2000 to 2020

County Supervisor, Superintendent of Schools or School Official, should execute this form.

Member Information

Member's Name_____ SSN_____

Mailing Address_____

City _____ State _____ Zip _____

Salaries based on contracts are NOT valid proofs.
"Salary" must be the gross salary actually paid from 7/1 to 6/30.

Year	District Name	County	Position	Total Days of Service	Gross Salary Earned
2000-01					$
2001-02					$
2002-03					$
2003-04					$
2004-05					$
2005-06					$
2006-07					$
2007-08					$
2008-09					$
2009-10					$
2010-11					$
2011-12					$
2012-13					$
2013-14					$
2014-15					$
2015-16					$
2016-17					$
2017-18					$
2018-19					$
2019-20					$

I hereby certify that the salary records for the above named member are taken from the official school records.

Signature _____ Date_____

Title _____ Telephone Number (____)_____

Address _____