ROSTER OF EMPLOYEES

CO-1074 Rev. 8/2015

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
MUNICIPAL EMPLOYEES RETIREMENT SYSTEM
55 ELM STREET
HARTFORD, CONNECTICUT 06106

PAGE ___ OF ___

MUNICIPALITY	TELEPHONE NUMBER
ADDRESS	DATE

NAME OF AUTHORIZED OFFICER	SIGNATURE	TITLE

EMPLOYEE NAME (LIST ALPHABETICALLY - LAST, FIRST, M.I.)			SOCIAL SECURITY #	SEX	POSITION	BIRTH DATE (MM-DD-YY)	DATE EMPLOYED (MM-DD-YY)	CURRENT YEARLY WAGE INCLUDING OVERTIME (YR = LAST 12 MONTHS)