

Form # 210 1400 West Third Little Rock, AR 72201 Phone (501) 682-1517 Fax: (501) 682-2359 www.artrs.gov

## SALARY STATEMENT FOR SERVICE

A Sc	chool Official should execute this form		
	Member Information		
Member's Name	SSN		
Mailing Address			
	State Zip Code		
Phone Number ( )	E-mail Address		
District Name	ATRS Employer I	ATRS Employer ID	
separate line. Be advised that this form shou based on contracts amounts.  A concise check history report must be att Fiscal Year Position	Actual # of Days Worked		
		\$ \$	
		\$	
		\$	
•	pove named member are taken from the offic	cial school records.	
Signature		Date	
Title			
Phono Number ( )	E mail Address		