MONTHLY MEMBERSHIP REPORT

VIRGINIA RETIREMENT SYSTEM
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Clear Form

1. Employer Code
2. Employer Name
3. Reporting Period

Social Security Number	Last Name	First Initial	Comment Code	Retirement Creditable Compensation	Life Insurance Base Pay	Buy Back	Health Insurance Creditable Compensation	VSDP Creditable Compensation	Annual Salary	Contract Length	No. Times Reported	Activity Code
Note: Include only those members with current month changes.												

Members Changed

Authorization: I hereby certify that the information included is correct and that the Monthly Contribution Worksheet (VRS-52) is attached.

_____ _____
Authorized Signer (Please print) **Phone Number**

_____ _____
Authorized Signature **Date**