



EMPLOYER AUDIT SERVICE CREDIT & WAGE VERIFICATION

IMRF FORM EAOM (Employer Audit Omitted Service)

Rev. 12/2020

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Use additional sheets as needed.

PLEASE PRINT OR TYPE -- USE BLACK INK

EMPLOYEE'S FIRST NAME	MIDDLE INITIAL	LAST	JR., SR., II, ETC.
IMRF MEMBER ID OR LAST 4 DIGITS OF SSN		DATE OF BIRTH (MM/DD/YY)	
STREET (MAILING) ADDRESS		CITY	STATE ZIP + 4

QUALIFYING EMPLOYER	IMRF EMPLOYER I.D. NUMBER
QUALIFYING POSITION	TERMINATION DATE

QUALIFYING SERVICE PERIOD (DATES) FROM _____ TO _____

NON-QUALIFYING SERVICE PERIOD (DATES) FROM _____ TO _____

ENTER YEAR →	Year _____			Year _____			Year _____			Year _____			Year _____		
	EARNINGS AMOUNT	HOURS WORKED	SEASONAL? (YES/NO)	EARNINGS AMOUNT	HOURS WORKED	SEASONAL? (YES/NO)	EARNINGS AMOUNT	HOURS WORKED	SEASONAL? (YES/NO)	EARNINGS AMOUNT	HOURS WORKED	SEASONAL? (YES/NO)	EARNINGS AMOUNT	HOURS WORKED	SEASONAL? (YES/NO)
JAN															
FEB															
MAR															
APRIL															
MAY															
JUNE															
JULY															
AUG															
SEPT															
OCT															
NOV															
DEC															
TOTAL MONTHS CREDIT															
TOTAL HOURS WORKED															
TOTAL EARNINGS															

CERTIFICATION BY AUTHORIZED AGENT: I certify that the statement of earnings for the above applicant is in agreement with the governmental unit's payroll records and represents the entire employment history determined by the governing body.

X _____ Date _____

Signature of Authorized Agent

Illinois Municipal Retirement Fund
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 Member Services Representatives 1- 800-ASK-IMRF (1-800-275-4673)
www.imrf.org