



Teachers' Retirement System of Louisiana
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Employment Terminations

This form should be used to report (1) the last day of work or last day of leave for a person who is no longer employed due to resignation, retirement, or death, or (2) the day before the beginning date of participation in the Deferred Retirement Option Plan (DROP). Refer to Index 4.4 in the *Employer Procedures Manual* for more information.

Employer ID		Employer Name	System
_ _ _ _ _ _ _		_____	_ _ _
Social Security Number	Name	Date Terminated	Contract Months
1. _ _ _ _ _ _ _ _ _ _ _ _ _ _	_____	_ _ / _ _ / _ _ _ _ _	_ _
2. _ _ _ _ _ _ _ _ _ _ _ _ _ _	_____	_ _ / _ _ / _ _ _ _ _	_ _
3. _ _ _ _ _ _ _ _ _ _ _ _ _ _	_____	_ _ / _ _ / _ _ _ _ _	_ _
4. _ _ _ _ _ _ _ _ _ _ _ _ _ _	_____	_ _ / _ _ / _ _ _ _ _	_ _
5. _ _ _ _ _ _ _ _ _ _ _ _ _ _	_____	_ _ / _ _ / _ _ _ _ _	_ _
6. _ _ _ _ _ _ _ _ _ _ _ _ _ _	_____	_ _ / _ _ / _ _ _ _ _	_ _
7. _ _ _ _ _ _ _ _ _ _ _ _ _ _	_____	_ _ / _ _ / _ _ _ _ _	_ _
8. _ _ _ _ _ _ _ _ _ _ _ _ _ _	_____	_ _ / _ _ / _ _ _ _ _	_ _
9. _ _ _ _ _ _ _ _ _ _ _ _ _ _	_____	_ _ / _ _ / _ _ _ _ _	_ _
10. _ _ _ _ _ _ _ _ _ _ _ _ _ _	_____	_ _ / _ _ / _ _ _ _ _	_ _

Prepared by _____ Date _____
 |_|_| / |_|_| / |_|_|_|_|_|