



Teachers' Retirement System of Louisiana
 8401 United Plaza Blvd, Ste 300 • Baton Rouge, LA 70809-7017
 Telephone: (225) 925-6446 • Fax: (225) 925-6366
 Toll free (outside the Baton Rouge area): 1-877-ASK-TRSL (877-275-8775)
 www.TRSL.org • web.master@trsl.org

Form 6A (03/08)

03-6A

Certification of Supplemental Credit

Print in ink or type all entries except signatures. This form is required to determine supplemental free service credit for Teachers' Retirement System of Louisiana (TRSL) Plan A members who were contributing to School Lunch Employees Retirement System (SLERS) when the employer withdrew from Social Security. Supplemental free credit is computed at the 1% benefit formula. You must complete Sections 1, 2, and 3 of this form, if applicable.

Section 1 — Member Information											
Name: Last, first, MI, suffix (Jr., III, etc.)											
Street / P.O. Box	Social Security number <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table> Attach copy of card										
City, state, zip											
Original date of employment											
Daytime telephone () ()	Evening telephone () ()										
____ / ____ / ____ mm-dd-yyyy											

Section 2 — Certification of Service Credit						
Fiscal Year yyyy/yyyy	Actual Earnings	Full-Time Earnings	% of Full-Time	Months of Contract	FICA Paid Yes/No	Substitute Yes/No
/	\$	\$	%			
/	\$	\$	%			
/	\$	\$	%			
/	\$	\$	%			
/	\$	\$	%			
/	\$	\$	%			
/	\$	\$	%			
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/	\$	\$	%			

Section 3 — Agency Verification									
Name of employer	Agency number <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"><tr><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td></tr></table>								
Signature of employer's authorized representative	Date signed (mm-dd-yyyy)								
Title									