



Teachers' Retirement System of Louisiana
 8401 United Plaza Blvd, Ste 300 • Baton Rouge, LA 70809-7017
 P.O. Box 94123 • Baton Rouge, LA 70804-9123
 Telephone: (225) 925-6446 • Fax: (225) 925-4779
 Toll free (outside the Baton Rouge area): 1-877-ASK-TRSL (877-275-8775)
 www.TRSL.org • web.master@trsl.org

Form 9 (1/19)

03-9

Application for Purchase of In-state Service

Print in ink or type all entries except signatures. **Application should be received by TRSL at least six months in advance of applying for retirement or DROP.** Section 1 must be completed by the applicant. Section 2 must be completed by the current employer. Section 3 must be completed by the employer for whom the service was rendered or by whom the leave was granted. The time frame for which service is to be purchased must be provided so that the employer can certify employment. **Incomplete or improperly certified forms are not acceptable for evaluation by TRSL and will be returned directly to the applicant.**

Section 1 — To be completed by applicant

Type of service to be purchased:

- Official leave (must be active and contributing) Local / state governmental service: _____
Position held
- Sabbatical leave Other creditable service: _____
- Substitute teaching service
- NOTE: To purchase in-state private service or in-state, non TRSL-participating charter school service, please use Form 9E.*

Period of time to purchase (mm/dd/yyyy): From: ____ / ____ / ____ To: ____ / ____ / ____

If you have additional service you wish to purchase, please list type of service and name of employer where service was rendered. Please note that you must submit a separate application for each type of service to be purchased.

Type: _____ Employer name: _____

Name: Last, first, MI, suffix (Jr, III, etc.)		Social Security number
Street/PO Box		<input type="text"/>
City, state, zip		Date of birth (mm-dd-yyyy)
Daytime telephone (with area code)	Evening telephone (with area code)	Email address

There is a \$150 nonrefundable fee to calculate the cost of service credit purchases. This fee covers the cost for TRSL's actuary to provide you with one cost calculation. Additional cost calculations are \$50 each. The fee can be paid by personal check, cashier's check, certified check, or money order, made payable to the TEACHERS' RETIREMENT SYSTEM OF LOUISIANA, and should accompany this application.

I would like the cost of purchasing:	Included in \$150 fee	Additional \$50 fee required
		Cost calculation #1
	_____ years	_____ years

I request only an estimate of the cost calculation(s) above. The estimate provided will reflect the minimum purchase amount based only on contributions and interest. I understand Section 3 must be completed for TRSL to generate the estimate. Upon receiving the estimated cost to purchase, I will have the opportunity to decide if I want to pay the actuary fee to continue and receive a valid cost invoice.

I request to pay the actuary fee and have the actuary compute the cost calculation(s).

I hereby authorize the release of all information necessary to verify service to be purchased with TRSL.

Applicant's signature (Do not print or type.)	Date signed (mm-dd-yyyy)
---	--------------------------

Section 2 — Certification to be completed by current employer

Name of employer	Employer number <input type="text"/>
------------------	--------------------------------------

Street/PO Box	City, state, zip
---------------	------------------

Current full-time earnings and all other earnings (PIP, overtime, extra pay, etc.) \$ _____

Signature of certifying official	Title	Date signed (mm-dd-yyyy)
----------------------------------	-------	--------------------------

Reverse to be completed by employer(s)

Applicant's Social Security number

Section 3 — To be completed by employer certifying service to be purchased

Name of employer Daytime telephone (with area code)

Street/PO Box

City, state, zip Parish where school is located

Does the applicant have credit for this service under any supplemental retirement or pension plan which was funded wholly or partly from public funds other than Social Security? No Yes

If yes, please provide the name of the plan:

Source document(s): Official payroll records (please attach) Official personnel records (please attach)

DO NOT list student employment. Louisiana Revised Statute 11:753 prohibits student employment service credit in TRSL.
DO NOT subtract paid sick leave from total of days worked.

Certification of service rendered / official approved leave (including sabbatical and LWOP)

*Begin - end dates of employment for each fiscal year (7/1 - 6/30/xxxx)	School or school district	Actual salary earned (if available)	**Full-time earnings (if available)	Hours worked per day	Hours in a full day	Months of employment	Days worked and/or days paid	Days per full contract year	Days of approved leave without pay	Full or part-time employee? (Full or P/T)
8/16 - 6/30/2015	XXXXX PSB	\$6,000	\$12,000	7	7	9	90	180	90	Full
____ - ____										
____ - ____										
____ - ____										
____ - ____										
____ - ____										
____ - ____										
____ - ____										
____ - ____										
____ - ____										
____ - ____										
____ - ____										
____ - ____										
____ - ____										
____ - ____										
____ - ____										
____ - ____										

Printed name of certifying official Email address Phone number

Signature of certifying official Title Date signed (mm-dd-yyyy)

*If employment continues into the next fiscal year, use 6/30/xx as the end date of the former year and 7/1/xx as the begin date of the latter year to show continuous employment.

**Full-time earnings equal the salary that would have been earned had the employee worked the full year (including PIP, extra earnings, etc.)