



Application for Purchase of In-State Service (Form 9)

03-9

rev. 12/23

**HOW TO
SUBMIT:****DROP OFF or MAIL IN**8401 United Plaza Blvd, Ste 300
Baton Rouge LA 70809**EMAIL**

web.master@trsl.org

FAX

(225) 925-6366

Print in ink or type all entries except signatures. Submit application to 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 forms will be returned to the applicant.

Section 1 — Member information (to be completed by applicant)

Name: Last, first, MI, suffix (Jr., III, etc.)

Date of birth (mm/dd/yyyy)

Social Security number (xxx-xx-xxxx)

Street address / PO box

City, state, zip

Daytime telephone (include area code)

Email address

Type of service to be purchased:☐ Official leave (must be active and contributing)☐ Sabbatical leave☐ Local/state governmental service: _____☐ Substitute teaching service☐ Other creditable 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:** From (mm/yyyy)

To (mm/yyyy)

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:**

There is a \$200 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 \$200 fee**

Cost calculation #1 _____ years

Additional \$50 fee required

Cost calculation #2 _____ 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 Teachers' Retirement System of Louisiana (TRSL).

Applicant signature (DO NOT PRINT OR TYPE)

Date (mm/dd/yyyy)

Section 2 — Current employer certification (to be completed by current employer(s))

Name of employer (full time)

Employer number

Street / PO box

City, state, zip

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

Authorized signature (DO NOT PRINT OR TYPE)

Title

Date (mm/dd/yyyy)

Reverse to be completed by employer(s)

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Section 3 — Service purchase certification (to be completed by employer certifying service to be purchased)

Parish where school is located

Daytime telephone (include area code)

If yes, please provide the name of the plan:

Source documents: ☐ Official payroll records (*please attach*) ☐ Official personnel records (*please attach*)

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 (include area code)		
Signature of certifying official (DO NOT PRINT OR TYPE)					Title			Date (mm/dd/yyyy)		

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