



Enrollment Application for Secondary Part-Time Position with Same Employer (Form 2PT) — Plan B/System 3 parishes ONLY

00-2

rev. 08/25

**HOW TO
SUBMIT:****DROP OFF or MAIL**8401 United Plaza Blvd, Ste 300
Baton Rouge LA 70809**Submit ORIGINAL form ONLY.
No copies, faxes, or scans accepted.**

Print in ink or type all entries except signatures. *This form is for Plan B/System 3 parishes only.* Complete only if employee is dually employed in a full-time (FT) and part-time (PT) position with the same employer and each position is covered by a different TRSL plan.

For assistance completing this form, please refer to **Index 2.0** of the **Employer Procedures Manual**.

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

Name: Last, first, MI, suffix (Jr., III, etc.)		Social Security number (###-##-####) - Attach copy
Street address / PO box	City, state, zip	Date of birth (mm/dd/yyyy)
Daytime telephone (include area code)	Alternate telephone (include area code)	Email address
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what type of visa do you possess? _____		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

Section 2 — Employment information (to be completed by employer)

Employer name:		TRSL agency number (####)
FULL-TIME position name:		Date of employment (mm/dd/yyyy)
<input type="checkbox"/> TRSL Regular Plan <input type="checkbox"/> Plan B	Daily hours employed _____	Daily full-time hours _____
PART-TIME position name:		Date of employment (mm/dd/yyyy)
<input type="checkbox"/> TRSL Regular Plan <input type="checkbox"/> Plan B	Daily hours employed _____	Daily full-time hours _____

Section 3 — Agency Certification and Signature

☐ I hereby certify that I have/the employing agency has verified this member's eligibility for employment through the Federal Form I-9/E-Verify process.

Signature of employer's authorized representative (DO NOT PRINT OR TYPE)	Title	Date signed (mm/dd/yyyy)