



Employment Terminations (Form 4C)

rev. 05/21

HOW TO SUBMIT:	EMAIL	FAX
	<i>web.master@trsl.org</i>	(225) 925-4779

FOR EMPLOYER USE ONLY

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 4.0 (Contributions Reporting & Corrections) in the *Employer Procedures Manual* for more information.

Employer ID (####)	Employer Name	System
---------------------------	----------------------	---------------

Social Security Number (###-##-####)	Employee Name	Date Terminated (mm/dd/yyyy)	Contract Months
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Agency certification	
Signature of employer's authorized representative (<i>DO NOT PRINT OR TYPE</i>)	Date signed (<i>mm/dd/yyyy</i>)