



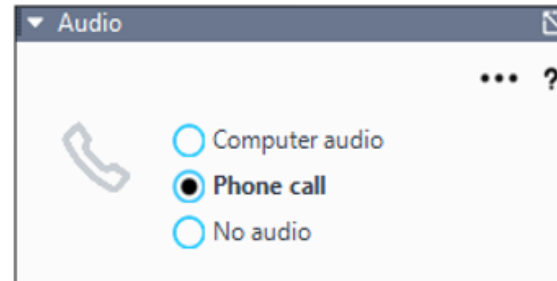
ANNUAL TRAINING



State Agencies

Tuesday, March 9, 2021

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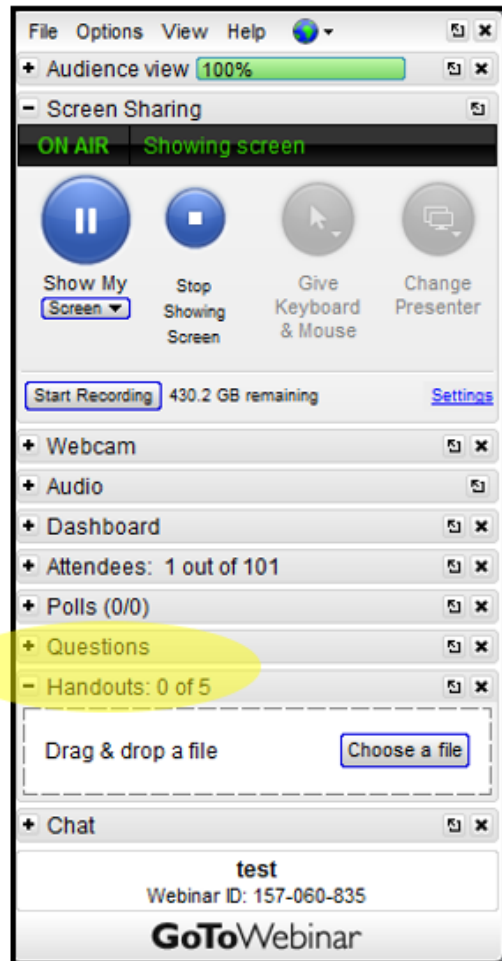


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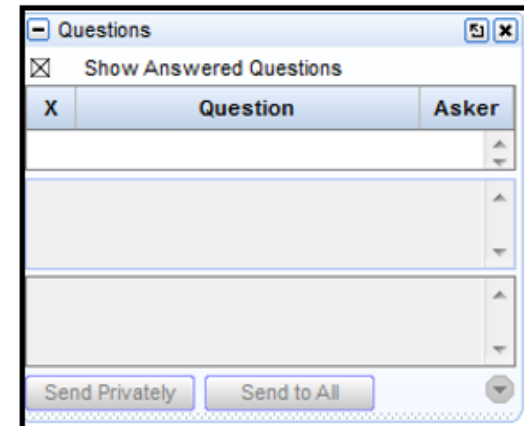
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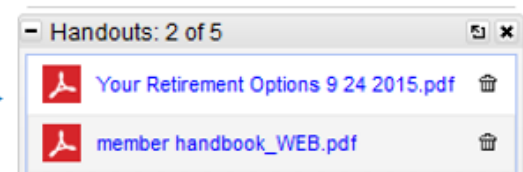
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Agenda

- ▶ EMIS & Authorized Contacts overview
- ▶ TRSL Eligibility and Enrollments
- ▶ Optional Retirement Plan
- ▶ Monthly Contribution/Salary Reporting
- ▶ Service Credit Certifications/Corrections
- ▶ Retirement/DROP Processing
- ▶ Leave Information

TRSL vs. LASERS

- ▶ TRSL assigns agency numbers
 - ▶ Employer Contribution rate is same as K-12 employer contribution rate
 - ▶ Service credit awarded on fiscal year basis
 - ▶ Does not interface with LAGov
- ▶ LASERS' agency number generally assigned based on Division of Administration numbers
 - ▶ Different rates for employer contributions based on membership type
 - ▶ Service credit awarded on calendar year basis
 - ▶ Interfaces with LAGov

TRSL Liaisons

- Each agency is assigned an Accountant and Retirement Benefits Analyst liaisons

Other Employer Services Staff

DEPARTMENT DIRECTOR	Ed Branagan	(225) 925-4846
ACCOUNTANT MANAGER	Karla Henderson	(225) 925-6462
RETIREMENT SUPERVISOR	Jeff George	(225) 925-1887
ORP VENDOR LIAISON	Paula Rhodes	(225) 925-7863
RETURN-TO-WORK SPECIALIST	Jessica Trosclair	(225) 925-3663
EMPLOYER TRAINING	Sharon Lachney	(225) 925-4097
EMPLOYER TRAINING	Heather Landry	(225) 925-7093

Employer Services

TRSL Liaisons

Employer Training

Employer Surveys

GASB

Contact

Employer Reporting

EMIS Instructions

FTP/File Layouts

Procedures Manual

Contribution Rates

IRS Limits

Employer FAQs

TRSL Liaisons

To view the name and/or contact information for your agency's liaisons, use the search box below. You can search by the employer name, employer ID, or liaison's first or last name. You will see an accountant liaison and a retirement analyst liaison for each agency; please refer to the following list of liaisons' specialities:

- **Contact your Accountant Liaison:** For help with Contributions Exception Reports, Salary Rejections lists, contribution rates, ORP reports, enrollment eligibility, etc.
- **Contact your Retirement Analyst Liaison:** For help with questionable years, service credit certifications, sick leave certifications, actuarial cost corrections, etc.

SEARCH

Employer Procedures Manual (EPM)

► Employers' guide for TRSL reporting

Employer Services

TRSL Liaisons

Employer Training

Employer Surveys

GASB

Contact

Employer Reporting

EMIS Instructions

FTP/File Layouts

Procedures Manual

Contribution Rates

IRS Limits

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Procedures Manual

The online procedures manual is a comprehensive guide to all TRSL processes and procedures that employers need for reporting retirement data.

 [Online Reporting Error Messages](#)

Procedures Manual (by index number)		
Index	Subject (Revised Date)	"Mastering the Manual" tips
Intro	Introduction (07/2017)	Series preview
0.0	Employer/Membership Information Site (EMIS) (12/2019)	New to EMIS?
1.0	Authorized Contacts & Employer Directory Contacts (11/2020)	Authorized contacts
2.0	TRSL Membership (02/2019)	New hires to enroll?
3.0	Beneficiary Designation (12/2019)	Please don't sign/witness blank beneficiary forms
4.0	Contribution Reporting & Corrections (12/2019)	Annual contribution limits
5.0	Online Member Access & Statements (11/2020)	Member Access through EMIS
6.0	Service Credit Certifications/Corrections (11/2020)	Reminders regarding service credit
7.0	Refunds of Employee Contributions (12/2020)	Understanding the 90-day waiting period for refunds
8.0	Transfers, Reciprocal, & Administrative Error Transfers (03/2019)	Correcting administrative errors
9.0	Purchases of Service Credit (10/2017)	"How much does it cost to purchase service credit?"

18 topic-specific indices

Index 0.0: Employer Membership Information Site (EMIS)

- ▶ Index 0.0 provides an overview of TRSL's employer access database, including basic instructions

**TRSL**

EMPLOYER MANUAL **INDEX 0.0**

INDEX 0.0: Employer Membership Information Site (EMIS) *December 2019*

CONTENTS

- [What is EMIS](#)
- [Getting started](#)
- [Navigating EMIS](#)
- [Members menu](#)
 - [Member summary screen](#)
 - [Account history screen](#)

Employer/Membership Information Site (EMIS)

This section provides an overview of TRSL's employer access database, including basic instructions for newly appointed employer personnel who have been granted authorized access to the site. More detailed instructions are provided in each Employer Procedures Manual index that corresponds to a specific EMIS program.

What is EMIS?

The [Employer/Membership Information Site](#) (EMIS) is a secure web site where you can complete many TRSL reporting and certification functions. Through EMIS, employers can enroll new hires, certify/correct employee data, upload required files/reports, and view various reports.

EMIS

- ▶ TRSL's employer database
- ▶ Employers can
 - ▶ Certify/correct employee data
 - ▶ Upload required files/reports
 - ▶ OSUP reports:
 - ▶ Monthly salary/contributions
 - ▶ Annual sick leave usage
 - ▶ View various reports

Updates	Submit Files	Log
Agency Certification (Form 11B)		
Annual Leave Update		
Contribution Correction		
Enrollments		
Full-Time Only Corrections		
Furlough Certification and Update		
Home Address Update		
ORP Salary Entry (up to 25 employees)		
Prior Year Salary Corrections		
Questionable Year Certification		
Retiree Voluntary/Insurance Deductions		
Salary Contribution Entry (up to 25 employees)		
Sick Leave Days Paid Update		
Sick Leave Add and/or Update		
Terminations		

Submit Files	Logout
DOA ORP Contribution	
DOA Salary Contribution	
DOA Sick Leave	
LSU ORP Contribution	
LSU-MEDICAL ORP Contribution	
LSU Salary Contribution	
LSU-MEDICAL Salary Contribution	
LSU Sick Leave	
LSU-MEDICAL Sick Leave	
ORP Salary	
Salary Contribution	
Sick Leave	
Submit Miscellaneous File	

Member Summary

- ▶ Member's personal information
- ▶ Historical record of TRSL-covered employment with dates

Member Summary

SSN: [REDACTED]		Address Date: 05/31/2019	
Name: [REDACTED]		Address: [REDACTED]	
Gender: Female			
Birth Date: [REDACTED]	Age: [REDACTED]		
e-mail: [REDACTED]			

Status Information

Sys	Seq	Status	Code	Date	DROP Record
4		ACTIVE	(A)	02/29/2016	

TRSL Regular Plan Information

Date of Service Accrual: 02/29/2016		Average Comp: \$0.00	
Switch-Over Date:			
Social Security Eligibility Date:		2015 Retirement Plan	

Service Credit for Benefit Computation		Member Contributions	
Regular Service	4.33	Tax-Sheltered Regular Savings	19,209.13
		Regular Salary Report as of 11/2020	1,985.01
Estimate as of 06/30/2020	4.33	Total Contributions	21,194.14

Service credit for eligibility as of 06/30/2020: 4.33

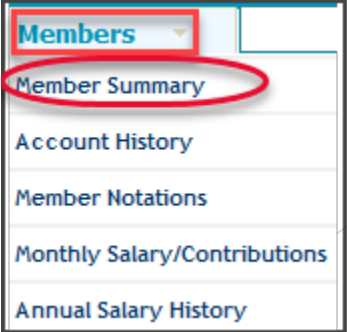
Employment History

Empr ID	Emp Ind	Employer Name	RTW Type	Employment Dates
[REDACTED]	P	[REDACTED]		02/29/2016 to 99/99/9999

Beneficiaries

Name	SSN	Gender	Birth Date	Relation	Type
[REDACTED]	[REDACTED]	Male	[REDACTED]	OTHER	

- ▶ Place to check to determine if member can elect to retain membership
 - ▶ Must have 5.00 years of service credit for eligibility



The screenshot shows a web application interface. At the top, there is a 'Members' dropdown menu. Below it, a list of options is displayed: 'Member Summary', 'Account History', 'Member Notations', 'Monthly Salary/Contributions', and 'Annual Salary History'. The 'Member Summary' option is circled in red, indicating it is the selected or highlighted item.

Account History

- ▶ Location to view member's service credit by fiscal year
- ▶ Way to identify any questionable years left to certify when reviewing a member's account

Account History

System: 4

SSN: [REDACTED]

Status: ACTIVE (A)

Name: [REDACTED]

Status Date: 02/29/2016

Process ID Legend

Eff Date	Seq	Emp Ind	Source	Contribution Amount	Type	Cert Ind	Service Credit for Benefit Computation Amount	Service Type	Actual Earnings	Full Time Earnings	Service Credit for Eligibility
06/30/2016	001	Primary	[REDACTED]	1,458.31	TSREG	**	0.33	REGULAR	18,228.88	54,477.02	0.33
ONLINE SAL CORR-1st Year of Employment											
06/19/2017	By: [REDACTED]			1,307.44	TSREG		0.33	JE	16,343.11	16,762.17	0.33
QUESTIONABLE YEAR											
06/30/2017	002	Primary	[REDACTED]	4,207.26	TSREG	**	1.00	REGULAR	52,591.32	52,591.32	1.00
06/30/2018	003	Primary	[REDACTED]	4,415.14	TSREG	**	1.00	REGULAR	55,189.46	55,189.46	1.00
06/30/2019	004	Primary	[REDACTED]	4,501.76	TSREG	**	1.00	REGULAR	56,271.95	56,271.95	1.00
06/30/2020	005	Primary	[REDACTED]	4,626.66	TSREG	**	1.00	REGULAR	57,831.98	57,831.98	1.00

Contributions

Service Credit

Eligibility

Regular Sheltered

19,209.13

Regular Service

4.33

Total Contributions:

19,209.13

Estimated service credit for benefit computation:

4.33

Estimated service credit for eligibility:

4.33

Members	
Member Summary	
Account History	
Member Notations	
Monthly Salary/Contributions	
Annual Salary History	

Monthly Salary/Contributions

- ▶ Member's current fiscal year salary and contribution reporting
- ▶ Use to determine when *Agency Certification* can be completed
- ▶ Active members (EXP):
 - ▶ “3”: Earnings expected
 - ▶ “4”: Earnings may be reported
 - ▶ “0”: No earnings can be reported

Monthly Salary/Contributions					
System: 4 SSN: [REDACTED]		Name: [REDACTED]			
Fiscal Year: 2021		% Year Employed: 100.00%			
Primary Employer: [REDACTED]					
Month	Actual Earnings	Fulltime Earnings	Contributions	Exp	Rec
Jul	6,702.96	6,702.96	536.25	3	3
Aug	4,502.15	4,502.15	360.18	3	3
Sep	4,535.66	4,535.66	362.86	3	3
Oct	4,535.66	4,535.66	362.86	3	3
Nov	4,535.66	4,535.66	362.86	3	3
Dec				3	0
Jan				3	0
Feb				3	0
Mar				3	0
Apr				3	0
May				3	0
Jun				3	0
Total	24,812.09	24,812.09	1,985.01		



Employer Contacts

- ▶ TRSL uses this screen to know who to contact regarding accounting and retirement issues
- ▶ The *Update Permissions* section shows who can access EMIS and perform update functions



Employer Contacts

Phone: [Redacted]
 Fax: [Redacted]
 Status: Active
 Employer Type: State Agency
 Charter School: No
 Revised: 10/23/2020

Web Address: [Redacted]

Code	Title	Name	Phone	Ext	E-Mail
AH	SECRETARY	[Redacted]	[Redacted]		[Redacted]
AD	UNDERSECRETARY	[Redacted]	[Redacted]		[Redacted]
DF	ACCOUNTANT ADMINISTRATOR 5	[Redacted]	[Redacted]		[Redacted]
DP	IT UNDER DIV OF ADMINISTRATION	[Redacted]	[Redacted]		[Redacted]
PC	HUMAN RESOURCES MANAGER B	[Redacted]	[Redacted]		[Redacted]
PH	HUMAN RESOURCES DIRECTOR	[Redacted]	[Redacted]		[Redacted]
AS	HR SPECIALIST	[Redacted]	[Redacted]		[Redacted]
AS	PAYROLL & BENEFITS MANAGER	[Redacted]	[Redacted]		[Redacted]

Description of Contact Codes

AH Agency Head	AD Agency Head Designee	AS Authorized Signer	BM Business Manager
CR Contribution Reporting	DF Director of Finance	DP Data Processing	FS Director of Food Service
OC ORP Contact	PC Personnel Contact	PH Personnel Head	PR Payroll Contact
PS President of School Board	RC Retirement Contact		

* Authorized to sign retirement forms

Update Permissions

Description of Update Codes

INQ Inquiry	ADR Address Change	ENR Enrollment	TRM Termination
CCR Contribution Correction	PYC PY Salary Correction	SLU Sick Leave Update	INS Insurance Deductions
SAL Salary Entry	ORP ORP Entry	AGC Agency Certification	FSM File Submission

Authorized User	INQ	ADR	ENR	TRM	CCR	PYC	SLU	INS	SAL	ORP	AGC	FSM
[Redacted]	X											
[Redacted]	X	X		X	X	X	X		X		X	X
J [Redacted]	X			X	X	X	X		X		X	
[Redacted]	X											
[Redacted]	X											
[Redacted]	X											

Index 1.0: Authorized Contacts & Employer Directory Contacts

- ▶ Index 1.0 provides information on how to establish and maintain accurate information contacts and permissions in EMIS

**TRSL**

EMPLOYER MANUAL **INDEX 1.0**

INDEX 1.0: Authorized Contacts & Employer Directory Contacts *Nov 2020*

CONTENTS

- [Authorized Contacts \(Form 1\)](#)
 - [What is an authorized signer?](#)
 - [Authorized inquiry only access \(EMIS\)](#)
 - [Updating Authorized Contacts \(Form 1\)](#)
 - [Form 1 requirements](#)

Employers provide information necessary for TRSL to establish and maintain accurate membership accounts. Each TRSL reporting agency must authorize employer personnel who will report, correct, and certify employee data, either by paper forms or through the Employer/Membership Information Site (EMIS) via the [Authorized Contacts](#) (Form 1). Additionally, employers can identify personnel who will serve as information contacts via the [Employer Directory Contacts](#) (Form 1EDC).

Authorized Contacts (Form 1)

This explains details how to designate personnel responsible for certifying data on TRSL documents and accessing/certifying data on EMIS. These personnel must be authorized by their Superintendent/Agency Head or Agency Head Designee on the [Authorized Contacts](#) (Form 1).

Authorized Contacts (Form 1)

► Designates personnel responsible for:

- Reporting
- Correcting
- Certifying

TRSL information in
EMIS or on paper

► Original form must be submitted



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

Submit original form ONLY.
No copies, faxes, or scans
are accepted.

If submitting multiple forms, please
complete: Page ____ of ____

Form 1 (04/18)

EO-1

Employer number

CK to Image

Authorized Contacts

Print in ink or type all entries except signatures. Designate personnel who will be responsible for certifying and accessing data. The contact must provide an email address to access the TRSL database. Notify TRSL if a contact changes so that unauthorized personnel will not have access to TRSL records. The designated employee(s) should be familiar with the accuracy of the data as the employer will be responsible, under the provisions of LSA-R.S. 11:889(B) (C), for any errors that result from incorrect certifications. Personnel will receive communication such as email messages and Employer eNews Updates.

Access to TRSL member information is governed by the provisions of LSA-R.S. 44:1 et seq. Information on TRSL DROP participants and retirees is more specifically governed by LSA-R.S. 44:16 A and B. Any distribution or other use of this information in violation of these statutory provisions will be the sole responsibility of the employer.

Name of Employer _____

PO Box/Street Address _____

City, State, 9 Digit Zip _____

Telephone Number (with area code) _____ Fax Number (with area code) _____ Agency Website Address _____

1. Name of Designated Personnel _____ Email Address (required) _____

Title _____ Telephone Number (with area code) _____

Authorized Signature? NOTE: If no is checked, inquiry is the only access right allowed. ☐ Yes ☐ No

Check desired access rights from the following:

<input type="checkbox"/> Inquiry	<input type="checkbox"/> Enrollments	<input type="checkbox"/> Sick/annual leave update corrections
<input type="checkbox"/> Prior year certifications/corrections	<input type="checkbox"/> Terminations	<input type="checkbox"/> Agency Certification (Form 118)
<input type="checkbox"/> Retiree insurance deduction	<input type="checkbox"/> File submission	<input type="checkbox"/> Salary report (only for employers with no more than 25 employees)
<input type="checkbox"/> Home address update	<input type="checkbox"/> Contribution correction	<input type="checkbox"/> CRP salary report (only for employers with no more than 25 employees)

Authorized Signature (use only if "yes" box checked) _____ Date Signed (mm-dd-yyyy) _____ If replacing or deleting a previous designee, provide name to be deleted _____

2. Name of Designated Personnel _____ Email Address (required) _____

Title _____ Telephone Number (with area code) _____

Authorized Signature? NOTE: If no is checked, inquiry is the only access right allowed. ☐ Yes ☐ No

Check desired access rights from the following:

<input type="checkbox"/> Inquiry	<input type="checkbox"/> Enrollments	<input type="checkbox"/> Sick/annual leave update corrections
<input type="checkbox"/> Prior year certifications/corrections	<input type="checkbox"/> Terminations	<input type="checkbox"/> Agency Certification (Form 118)
<input type="checkbox"/> Retiree insurance deduction	<input type="checkbox"/> File submission	<input type="checkbox"/> Salary report (only for employers with no more than 25 employees)
<input type="checkbox"/> Home address update	<input type="checkbox"/> Contribution correction	<input type="checkbox"/> CRP salary report (only for employers with no more than 25 employees)

Authorized Signature (use only if "yes" box checked) _____ Date Signed (mm-dd-yyyy) _____ If replacing or deleting a previous designee, provide name to be deleted _____

3. Name of Designated Personnel _____ Email Address (required) _____

Title _____ Telephone Number (with area code) _____

Authorized Signature? NOTE: If no is checked, inquiry is the only access right allowed. ☐ Yes ☐ No

Check desired access rights from the following:

<input type="checkbox"/> Inquiry	<input type="checkbox"/> Enrollments	<input type="checkbox"/> Sick/annual leave update corrections
<input type="checkbox"/> Prior year certifications/corrections	<input type="checkbox"/> Terminations	<input type="checkbox"/> Agency Certification (Form 118)
<input type="checkbox"/> Retiree insurance deduction	<input type="checkbox"/> File submission	<input type="checkbox"/> Salary report (only for employers with no more than 25 employees)
<input type="checkbox"/> Home address update	<input type="checkbox"/> Contribution correction	<input type="checkbox"/> CRP salary report (only for employers with no more than 25 employees)

Authorized Signature (use only if "yes" box checked) _____ Date Signed (mm-dd-yyyy) _____ If replacing or deleting a previous designee, provide name to be deleted _____

Agency Certification

I certify that the above designated employee(s) is authorized to access and certify data maintained by the Teachers' Retirement System of Louisiana.


Name of Superintendent/Head of Agency/Agency Head Designee (Please print) _____

Superintendent/Head of Agency/Agency Head Designee (Signature) _____ Date Signed (mm-dd-yyyy) _____

Additional copies can be made

Employer Directory Contacts (Form 1EDC)

- ▶ Designates personnel who will serve as primary contacts for specific retirement reporting functions
- ▶ Only one contact per contact code
- ▶ Original form must be submitted



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

Form 1EDC (04/18)

EO-1

Employer number

OK to Image ☐

Submit original form ONLY. No copies, faxes, or scans are accepted. **TRSL Employer Directory Contacts**

Print in ink or type all entries. Designate personnel who will serve as information contacts, not necessarily authorized signatures, for the Teachers' Retirement System of Louisiana (TRSL). The individuals listed here will be included in TRSL's database for employer mailings. TRSL only allows one contact per category.

Name of Employer: _____

PO Box/Facsimile Address: _____

City, State, & Zip Code: _____ Agency Website Address: _____

Telephone Number (with area code): _____ Fax Number (with area code): _____ Date form dd yyyy: _____

Section 1 — Administrative Personnel

Please include the appropriate professional and/or courtesy title (e.g. Dr. / Mr. / Mrs. / Ms. / Miss). Area Code _____

Category	Name	Position	Phone #	Ext. #	Email
Agency Head					
Agency Head Designee					
Business Manager					
Director of Finance					
Director of Personnel/ Human Resource Mgr					
Director of Food Services					
President of School Board					

Section 2 — Support Personnel (contact for)

Contribution Reports					
Data Processing					
Optional Retirement Plan					
Payroll					
Personnel					
Retirement					

Name of Authorized Signer (Please print): _____

Signature of Authorized Signer: _____ Date Signed (mm-dd-yyyy): _____

▶

Contacts will remain until removed or replaced with a new Form 1EDC accepted by TRSL. Additional copies may be made.

Index 2.0: TRSL Membership

- ▶ Employer's reference guide on TRSL membership eligibility and enrollments process



TRSL

EMPLOYER MANUAL

INDEX
2.0

INDEX 2.0: TRSL Membership

June 2018

CONTENTS

- [Eligibility for TRSL membership](#)
 - [Plan types](#)
 - [Membership eligibility](#)
 - [Ineligible employees](#)
- [Special conditions](#)
 - [Part-time, seasonal, or temporary employees](#)
 - [Visas](#)
 - [Employees who contribute to two different systems](#)

The information in this section is provided to help you determine an employee's eligibility for membership and the steps needed to enroll the eligible employee in TRSL.

State laws govern the rules of TRSL membership eligibility and enrollment. Some of them are referenced below:

- Definition of Teacher (eligible for membership) – [LSA R.S. 11:701\(33\)](#)
- Part-time Employee Membership Eligibility – [LSA R.S. 11:162](#)
- Enrollment Timeline (60 days) – [LSA R.S. 11:722](#)
- Retain Membership provision (at least 5 years eligibility service credit) – [LSA R.S. 11:723](#)
- TRSL Secondary Employer Criteria – [Louisiana Administrative Code](#) Title 58, Part III, §201.

Documents for Enrollments Process

Documents to include in your hiring packets:

- ▶ *Election to Retain Membership* (Form 2R)
 - ▶ Submit original to TRSL
- ▶ *Forfeiture of Retirement Benefits/Attestation of Understanding* (Form 2FRB)
 - ▶ Do not submit. TRSL will request if needed.
- ▶ *Statement Concerning Your Employment in a Job Not Covered by Social Security* (Form 2SS)
 - ▶ Submit to TRSL
- ▶ *Beneficiary Designation for Non-Retired Members* (Form 3)
 - ▶ Submit to TRSL timely
 - ▶ Employee/member responsibility to submit form

Election to Retain Membership (Form 2R)

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

Form 2R (06/18)
00-2R

Election to Retain Membership

Section 1 — Member Information

Name (last, first, MI, suffix Jr, Sr, etc.) _____
Street / P.O. Box _____
City, state, zip _____
Daytime telephone () _____
Evening telephone () _____
Social Security number _____
Attach copy of card _____
Date of birth / mm-dd-yyyy _____

Louisiana Revised Statute 11:723(A) allows any person who is a member of the Teachers' Retirement System of Louisiana (TRSL), who has service credit of **at least five years in TRSL**, and who becomes employed in other public employment where he or she is no longer eligible for membership in TRSL but is eligible for membership in another statewide retirement system, to remain a member of TRSL in lieu of membership in the other statewide retirement system by filing a notice, in writing, with TRSL within 60 days after the effective date of employment.

I understand that by this form, I have elected to remain a member of TRSL. I also understand that this election is irrevocable.

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

Section 2 — To be completed by employer

Name of employer _____ Employer's telephone number () _____
Street / P.O. Box _____ City, state, zip _____
Title of position _____
Name of statewide retirement system position would normally fall under _____ Agency number _____

Employment Status
☐ Full-time ☐ Part-time ☐ Unclassified (if applicable) Full-time equals _____ hours per day.
Annual full-time earnings \$ _____ This employee will work _____ hours per week.
Date of employment / mm-dd-yyyy _____

Applicant is being enrolled in: ☐ Regular Plan ☐ Plan B **Years of employment** ☐ 9 months ☐ 10 months ☐ 11 months ☐ 12 months For what percent of the first year will the applicant be employed? _____ %

Check the appropriate box for each category below:
☐ YES ☐ NO* Has/her first employment making him eligible for membership in a Louisiana public retirement system began on or after January 1, 2013.
☐ YES ☐ NO* Has/he was employed in a position eligible for membership in a Louisiana public retirement system prior to January 1, 2013, but has/he terminated service prior to January 1, 2013. Through re-employment on or after January 1, 2013, has/he is again eligible for membership in a Louisiana public retirement system.
☐ YES ☐ NO* Has/he assumes an elective office on or after January 1, 2013, and by virtue of that service or previous public service, has/he is eligible for membership in a Louisiana public retirement system.

* If the answer to all three questions above is NO, you do not have to complete the "Forfeiture of Benefits" section below.

Forfeiture of Benefits - Employee Attestation (Check the appropriate box below whether or not the employee has signed Form 2FRB.)
☐ YES I hereby certify that this employee has received and executed TRSL's Forfeiture of Retirement Benefits - Attestation of Understanding (Form 2FRB), and that this form will be permanently maintained in the personnel records of this employer.
☐ NO State law, La. R.S. 11:293, requires that this employee receive and execute TRSL's Forfeiture of Retirement Benefits - Attestation of Understanding (Form 2FRB). The enrollment of this employee cannot be completed until Form 2FRB is properly executed in compliance with state law.

- ▶ LSA R.S. 11:723 allows a TRSL member with at least 5 years of TRSL eligibility credit who begins employment in a position eligible for membership in another state or statewide retirement system can elect to retain their TRSL membership

- ▶ LSA R.S. 11:723 not applicable to employees covered by Parochial Employees' Retirement System of Louisiana (PERS) or Louisiana Clerks of Courts Retirement & Relief Fund

- ▶ *Election to Retain Membership (Form 2R) must be completed within 60 days of new employment*

Form 2R Errors

TRSL Liaisons

To view the name and/or contact information for your agency's liaisons, use the search box below. You can search by the employer name, employer ID, or liaison's first or last name. You will see an accountant liaison and a retirement analyst liaison for each agency; please refer to the following list of liaisons' specialties:

- **Contact your Accountant Liaison:** For help with Contributions Exception Reports, Salary Rejections lists, contribution rates, ORP reports, enrollment eligibility, etc.
- **Contact your Retirement Analyst Liaison:** For help with questionable years, service credit certifications, sick leave certifications, actuarial cost corrections, etc.

Other Employer Services Staff

DEPARTMENT DIRECTOR Ed Branagan (225) 925-4846	ACCOUNTANT MANAGER Karla Henderson (225) 925-6462	RETIREMENT SUPERVISOR Jeff George (225) 925-1887
ORP VENDOR LIAISON Paula Rhodes (225) 925-7863	EMPLOYER TRAINING Sharon Lachney (225) 925-4097	EMPLOYER TRAINING Heather Landry (225) 925-7093

- Contact your TRSL Accountant Liaison for assistance with any errors discovered after submitting the Form 2R

EXAMPLES: Incorrect date of employment (hire date), enrollment to be deleted if employee was not eligible to participate in TRSL (part-time, seasonal, or temporary positions), etc.

Part-time, Seasonal, or Temporary

Generally, employees who are part-time, seasonal, or temporary are not eligible for membership

Retaining TRSL membership for part-time, seasonal, or temporary employees is not allowed unless the employee meets the below criteria:

- ▶ Ten (10) year rule
 - ▶ 10 or more years of TRSL eligibility service credit
 - ▶ **Part-time definition:** Employees who work 20 hours or **less** are considered part-time and are not eligible to retain membership unless they have 10 or more years of TRSL eligibility service credit. Employees who work **more** than 20 hours per week can retain membership.
 - ▶ **Seasonal definition:** An employee who normally works on a full-time basis less than five months in a year
 - ▶ **Temporary Definition:** Any employee performing services under a contractual arrangement with the employer of two years or less in duration

Forfeiture of Retirement Benefits – Attestation of Understanding (Form 2FRB)

- ▶ All new hires are required to complete this form
 - ▶ Keep this form in employees' personnel records
- ▶ The Form 2R will require agency to verify if the employee has completed and signed the Form 2FRB
 - ▶ YES: enrollment is processed
 - ▶ NO: enrollment is *not* processed

TRSL 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): 1-877-4ASK-TRSL (877-275-8775)
 www.TRSL.org • webmaster@trsl.org

Form 2FRB (1/13)
00-2FRB

Forfeiture of Retirement Benefits – Attestation of Understanding

All individuals employed on or after January 1, 2013 are required to read and sign this attestation form.

La. R.S. 11:293 provides for the forfeiture of retirement benefits by a public employee or elected official (third or beginning service on or after January 1, 2013) convicted of a "public corruption crime." This law defines "public corruption crime" as a state or federal felony committed on or after January 1, 2013, in which the sentencing judge finds that the public servant acted willfully and in the course and scope of his official capacity and that any of the following apply:

1. The public servant realized or attempted to realize a financial gain for himself or for a third party.
2. The public servant committed any criminal sexual act with or upon the person of a minor, and there was a direct association between the public servant and the minor related to the public servant's employment.

The statutory text of La. R.S. 11:293, setting forth the provisions of law governing forfeiture of benefits, is below.

Section 1 — Member Information

Personal Data, Title, Age, Service Date, etc.

Section 2 — La. R.S. 11:293. Forfeiture of retirement benefits; public corruption crimes

A. As used in this Section, the following words or phrases shall have the following meanings:

- (1) "Conviction" or "convicted" means a criminal conviction, guilty plea, or plea of nolo contendere that is final, and all appellate review of the original trial court proceedings is exhausted.
- (2) "Public corruption crime" means a state or federal felony committed on or after January 1, 2013, in which the sentencing judge finds the public servant acted willfully and in the course and scope of his official capacity and the evidence establishes either of the following:
 - (a) The public servant realized or attempted to realize a financial profit or a financial gain for himself or for a third party.
 - (b) The public servant committed any criminal sexual act with or upon the person of a minor, and there was a direct association between the public servant and the minor related to the public servant's employment.
- (3) "Public retirement system" means any state, statewide, or any local public retirement system, plan, or fund.
- (4) "Public servant" means a public employee or an elected official as defined in R.S. 42:1102 who is a member, former member, deferred retirement option plan participant, or retiree under the provisions of any public retirement system and who meets any of the following criteria:
 - (a) His first employment making him eligible for membership in a public retirement system began on or after January 1, 2013.
 - (b) He was employed in a position making him eligible for membership in a public retirement system prior to January 1, 2013, but he terminated his service prior to that date and is reemployed in such a position on or after that date.
 - (c) He assumes an elective office on or after January 1, 2013, and by virtue of that service or previous public service he is eligible for membership in a public retirement system.

R.(1) Following the conviction of a public corruption crime, the sentencing court shall determine if the conviction warrants forfeiture as provided in this Section or punishment as provided in R.S. 11:292. In order to determine the appropriate remedy the sentencing court shall review the following factors:

- (a) The nature of the offense.
- (b) The prior service of the public servant and the appropriateness of any mitigating factors.

(2)(a) If the court determines that forfeiture is appropriate, the court may order the forfeiture of the public servant's right to receive any benefits or payment of any kind under this Title except a return of the amount contributed by the public servant to the retirement system without interest, subject to Subparagraph (b) of this Paragraph.

Form 2FRB (1/13)
00-2FRB

abandonment of the state for monetary loss in order to obtain to be paid from the amount

to the member's spouse, dependent, or for the member under Subparagraph (a) of this Paragraph information concerning the member's share. In determining the award, the court

s with the crime.

former spouse in connection with the crime.

retirement system to:

or system.

the direct payment of the benefits awarded to

and interest on those contributions that are and any dollar amount of such employee non-plan account, shall be applied to reduce system's board of trustees. If the system system's trust.

owed by the surviving unmarried spouse, the if to a survivor benefits of a deceased public servant's benefit forfeited to the retirement

interest of a current or former spouse.

this Section and shall provide such assistance with such attestation form and such public notices thereof.

provisions in writing when a conviction for reason to believe, is a member of a public public such information and transmit it to the

tion for a federal public corruption crime, apply transmit to each public retirement

Section 3 — Attestation

I, _____, have read this form, Forfeiture of Retirement Benefits – Attestation of Understanding, and understand its contents.

Signature: _____ Date: _____

Page 1 of 2

Page 2 of 2

Statement Concerning Your Employment in a Job Not Covered by Social Security (Form 2SS)

- ▶ TRSL members do not pay into Social Security and are subject to the following:
 - ▶ Government Pension Offset (GPO)
 - ▶ Windfall Elimination Provision (WEP)
- ▶ All new hires are required to complete and sign the Form 2SS
 - ▶ Forward completed form to TRSL

Employee SSN 		Form SSA-10104 00-255 <small>(Form SSA-1945)</small>
Information about TRSL Form 255 (Form SSA-1945), Statement Concerning Your Employment in a Job Not Covered by Social Security		
<small>New federal legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires state and local governments to ensure that employees who are not covered under Social Security benefits to which they</small>		
<p style="text-align: center;">Teachers' Retirement System of Louisiana</p> <p style="text-align: center;">8401 United Plaza Blvd, Ste 300 • Baton Rouge, LA 70809-7017 PO 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</p>	Form SSA-10104 00-255 <small>(Form SSA-1945)</small>	I Cover by Social Security. I am subject to the provisions of the law. The form so received a pension based on their own earnings from employment or self-employment. I have no other source of Social Security benefits to which they may be entitled.
Statement Concerning Your Employment in a Job Not Covered by Social Security		
Employee Name:	Employee SSN 	If you are not covered by Social Security, copies of the SSA-1945 are available upon request. Information about the form is available at www.ssa.gov .
Employer Name:	Employer EIN 	
<p>Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.</p>		
<p>Windfall Elimination Provision (WEP)</p> <p>Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to the Social Security publication, "Windfall Elimination Provision."</p>		
<p>Government Pension Offset (GPO)</p> <p>Under the Government Pension Offset, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a federal, state, or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.</p> <p>For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security. \$500 - \$400 = \$100. Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to the Social Security publication, "Government Pension Offset."</p>		
<p>For more information</p> <p>Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or, for the deaf or hard of hearing, call the TTY number 1-800-325-0778, or contact your local Social Security office.</p>		
<p>I certify that I have received TRSL Form 255 (Form SSA-1945) that contains information about the possible effects of the Windfall Elimination Provision (WEP) and the Government Pension Offset (GPO) on my potential future Social Security benefits.</p>		
Signature of Employee	Date (mm-dd-yyyy) 	
Form SSA-1945 (11-2004)		

Beneficiary Designation for Non-Retired Members (Form 3)

- ▶ Employee's responsibility to complete the form and submit to TRSL
- ▶ TRSL only recognizes the Form 3 on file at time of a non-retiree's death
- ▶ Forms submitted after a member's death are not accepted

TRSL Beneficiary Designation for Non-Retired Members (Form 3) 01-3 rev. 12/00

HOW TO SUBMIT: DROP OFF or MAIL 8401 United Plaza Blvd, Ste 200 Baton Rouge, LA 70809

Submit ORIGINAL form ONLY. No copies, faxes, or scans accepted.

Print in ink or type all entries except signatures. Incomplete or altered forms will be returned. The following beneficiary designation(s) will replace all previous choices. Designations of beneficiaries become effective when received in the TRSL office. Forms received by TRSL after the date of the member's death shall be null and void. This form is not to be used for retired members or members who have participated in DRSP. Retirees who have returned to work should complete Form 2C, Beneficiary Designation for Active Return-to-Work Employee Contributions.

Section 1 - Member information

Name: Last, first, MI, suffix (e.g., Jr., etc.) Social Security number (999-99-9999) Check here if multiple beneficiary forms submitted ☐

Street/P.O. box Lifetime date (include area code)

City, state, zip Email address

Section 2 - Beneficiary designation

These include ALL beneficiaries that you wish to designate. If percentages are not provided, any amounts payable will be divided equally among all beneficiaries. Primary and contingent beneficiaries must aggregate total 100%. The number of primary or contingent beneficiaries that you can name is not limited. (If necessary, attach an additional Form 3 and check the box in Section 1 for multiple beneficiary forms submitted.) "Contingent" beneficiaries are eligible for payment only if all primary beneficiaries die before the member does. A trust is not an acceptable designation; only human beings or succession can be named.

PRIMARY beneficiary's name (Last, first, MI)		Social Security number (999-99-9999)	Sex	Birth date month/year	Relation	Percentage must equal 100%
1.			<input type="checkbox"/> M <input type="checkbox"/> F			%
2.			<input type="checkbox"/> M <input type="checkbox"/> F			%
3.			<input type="checkbox"/> M <input type="checkbox"/> F			%
4.			<input type="checkbox"/> M <input type="checkbox"/> F			%
CONTINGENT beneficiary's name (Last, first, MI)		Social Security number (999-99-9999)	Sex	Birth date month/year	Relation	Percentage must equal 100%
1.			<input type="checkbox"/> M <input type="checkbox"/> F			%
2.			<input type="checkbox"/> M <input type="checkbox"/> F			%
3.			<input type="checkbox"/> M <input type="checkbox"/> F			%

Section 3 - Member signature

I hereby request that my beneficiary(ies) be designated as above. I understand that the beneficiary(ies) designated on this form will receive my contributions to the retirement system, unless I have qualifying survivors (spouse, children) entitled to a monthly survivor's benefit.

I hereby authorize TRSL to make payment to the beneficiary(ies) whom I have designated and agree, on behalf of myself and heirs and assigns, that payment and acceptance of any such refund to my designated beneficiary(ies), if any, or my estate shall discharge all obligations of TRSL on account of any creditable service rendered prior to payment of the refund and shall constitute a release of all accrued rights of every kind and nature against TRSL. I hereby direct that, should I survive the aforementioned beneficiary(ies), the amount that would otherwise have been payable to the beneficiary(ies) shall be paid to my estate or to such other beneficiary(ies) as I shall designate with TRSL in accordance with the rules and regulations prescribed by the Board of Trustees.

Before these undersigned witnesses, I have signed my name this _____ day of _____, 20____.

Member's signature (DO NOT PRINT OR TYPE) _____ Member's name in cursive script and be witnessed _____

Section 4 - Witness signatures (Must be witnessed by persons other than beneficiaries.)

Signature of witness (DO NOT PRINT OR TYPE) _____ First name of witness _____

Signature of witness (DO NOT PRINT OR TYPE) _____ First name of witness _____

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Index 16.0: Optional Retirement Plan (ORP)

- Discusses the defined contribution plan available to academic and unclassified employees of Louisiana colleges, universities, and community colleges

**TRSL**

EMPLOYER MANUAL **INDEX 16.0**

INDEX 16.0: Optional Retirement Plan (ORP) *March 2018*

CONTENTS

- [Key features of the ORP](#)
- [ORP contributions](#)
- [ORP carriers](#)
- [Eligibility](#)
 - [ORP-eligible employers](#)
 - [Determining employee eligibility](#)
 - [ORP eligibility for non-higher education employees](#)
- [Timeframe for choosing to participate in ORP](#)
- [Transfer of funds from TRSL Regular to ORP](#)

The Optional Retirement Plan (ORP) is a defined contribution plan and an alternative to the defined benefit plan administered by TRSL. The ORP was established on July 1, 1990, to provide retirement benefits to eligible participants while affording maximum portability.

Eligible employees make an **irrevocable** election to participate in ORP. ORP participants are not considered TRSL members.

Key features of the ORP:

- An ORP account is owned by the participant, and there is no waiting period to join the plan.
- ORP accounts are portable.
- ORP participants control their own investments.
- Employee and employer contributions are invested by the designated ORP carrier in the investment option chosen by the participant.
- Participants are 100% vested from the date of ORP enrollment.

What is the Optional Retirement Plan?

- ▶ **ORP is a Defined Contribution (DC) Plan**
 - ▶ Established July 1, 1990
 - ▶ Provides retirement benefits to participants based on contributions and interest earned
 - ▶ Portable
- ▶ **The decision to participate in ORP is irrevocable**
 - ▶ ORP participants do not participate in TRSL's Defined Benefit Plan and are not considered TRSL members.
- ▶ **Participants control their own investments through private carriers**
 - ▶ Employee & employer contributions are invested by the ORP carrier in the investment option(s) chosen by the employee.
 - ▶ Participants are 100% vested from date of enrollment



What is the ORP?

The ORP (Optional Retirement Plan) is a defined contribution plan, under Internal Revenue Code §401(a), in which account holders direct their own investments through private carriers.



Am I eligible?

Academic and unclassified employees of Louisiana colleges, universities, and community colleges can participate in the ORP. This retirement plan is also available to employees of any constitutionally established board that manages institutions of higher education.

How does it work?

- An ORP account is owned by the member, and there is no waiting period to join the plan. ORP members are 100% vested from the date of enrollment.
- Member and employer contributions are pooled and invested by the designated ORP carrier in the investment options chosen by the member.
- The performance of the member's investments determines the retirement benefit due. Projections of possible benefits are provided, but not guaranteed, by the ORP carriers.

ORP Eligibility for NON-higher Education Employees


- ▶ If the ORP participant is employed in a TRSL-covered position, he/she must remain in ORP, regardless of the number of years (**This holds true even if the position is not in higher education**)
- ▶ If the ORP member is employed in a position covered by another Louisiana public retirement system, see below:
 - ▶ If member has ***fewer than five years***: You will enroll him/her in the new retirement system
 - ▶ If member has ***five or more years***: He/she can opt to retain ORP membership under TRSL by completing a Form 2R within 60-days of new employment

ORP members are 100% vested from the date of enrollment and make an irrevocable election to participate in ORP.

ORP Enrollment

► Application for Optional Retirement Plan or Change of Carrier (Form 16)

- Employee completes Sections 1-3
- Employer completes Section 4 and submits **original** Form 16 to TRSL for processing



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 16 (06/19)
00-16

Submit original form ONLY.
 No copies, faxes, or scans are accepted.

Application for Optional Retirement Plan or Change of Carrier

Print in ink or type all entries except signatures. Incomplete forms will be returned. This is a multipurpose form to be used by individuals joining the Optional Retirement Plan (ORP) or by ORP members changing carriers. The reverse side of this form contains important information about the ORP.

Section 1 — Applicant information

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

Street / P.O. Box _____

City, state, zip _____ Phone number: _____

Social Security number [][][][][][][][][][][][][][][][]	Date of birth [][] / [][] / [][][][]	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of visa _____
--	---	---	---	-----------------------

To be completed only by current members of the Teachers' Retirement System (TRSL):

Please ☐ transfer my accumulated contributions with TRSL to the ORP carrier I have designated below.
☐ do not transfer

Section 2 — Carrier designation

☐ New enrollment ☐ Change of ORP carrier ☐ Existing ORP participant

ORP carrier _____ ORP carrier code [] [] [] [] [] []

01 VOYA
02 TIAA
03 AGC - RS

Section 3 — Applicant's signature

I hereby make irrevocable application for the Optional Retirement Plan (ORP) in accordance with LSA-R.S. 11:921-931. I understand that future employee contributions, less a small administrative fee, and the normal cost portion of future employer contributions will be forwarded to the ORP carrier designated above. I have read the back of this form. I understand that I can never again become a contributing member of TRSL and that no lump-sum payout of the entire account can be made from the ORP carrier directly to me during my lifetime.

Applicant's signature (do not print or type) _____ Date signed (mm-dd-yyyy) [][] / [][] / [][][][]

Section 4 — Agency certification

Name of agency _____ Agency number [][][][][][][][][][][][][][][][]

Effective date of ORP election (date of employment for new employees) [][] / [][] / [][][][] Effective date for change of carrier (mm-yyyy) [][][][] or when this form is received by TRSL, whichever is later. Contributions withheld for this period and thereafter will be transferred to the carrier in Section 2 above.

I certify that this employee is eligible to participate in the ORP according to LSA-R.S. 11:925 and that he or she has signed a contract with the carrier designated above.

Authorized signature (authorized representative of agency - no facsimile accepted) _____ Date signed (mm-dd-yyyy) [][] / [][] / [][][][]

Title _____

See reverse side for important information

ORP Contribution Components

Employer contributions: The total contribution rate for all employers includes the following:

- ▶ **Transfer Amount:**
 - ▶ The percentage amount actually transferred to each ORP participant's account; set by law
 - ▶ The transfer rate is 6.2%
- ▶ **Shared UAL:**
 - ▶ The percentage all employers pay toward the unfunded accrued liability (UAL) and retained by TRSL

ORP Transfer Amounts

*Employee contributions	Employer portion to be transferred	Total transferred to ORP carrier account
7.95%	6.2%	14.15%

** ORP participants contribute 8% of salary, less a 0.05% TRSL administrative fee. TRSL transfers 7.95% of the employee's contributions to their selected carrier.*

ORP Salary & Contribution Limits


- ▶ Contributions reported/transferred to the ORP carriers are limited to \$58,000 for calendar year 2021
- ▶ The limit includes both the employee and employer contribution amounts

Termination of ORP Participants

- ▶ You do not process an online termination in EMIS for an ORP participant
 - ▶ You must go into your agency's software and terminate the participant to ensure salary information is no longer reported to TRSL
 - ▶ When the former employee requests a rollover of his ORP funds, TRSL will contact you for a termination date
 - ▶ TRSL will provide the confirmed termination date to the former employee's carrier

Index 4.0: Contribution Reporting & Corrections

- ▶ Provides information on salary and contribution reporting
- ▶ Includes instructions for identifying and correcting previously reported contributions for current year and prior years

**TRSL**

EMPLOYER MANUAL **INDEX 4.0**

INDEX 4.0: Contribution Reporting & Corrections *December 2018*

CONTENTS
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[Monthly salary & contribution reports](#)
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[Extended sick leave](#)
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[Workers' compensation](#)
[DROP participation](#)
[Furloughed employees](#)

Contributions and reporting
As a participating TRSL reporting agency, accurate and timely contribution reporting and payments is an important part of your TRSL reporting duties.
This index provides information and instructions for TRSL reporting agencies to accomplish the following:

- withhold employee and employer contributions on all TRSL-eligible earnable compensation
- prepare and submit accurate and timely contribution reports
- remit contributions promptly and review employer account activity to ensure accurate credits, payments, and adjustments for your agency's accounts
- identify and correct any previously reported contributions for current year and prior years requiring corrections
- process terminations for TRSL-covered employees who have resigned or are no longer eligible to contribute to TRSL

Office of State Uniform Payroll (OSUP)

- ▶ The Office of State Uniform Payroll (OSUP) submits salary and contributions information (monthly files) for most state agencies
- ▶ If your agency is not OSUP-based, you may have the option to enter salary information directly into EMIS or submit a monthly file
 - ▶ Generally applies to Boards and Commissions

Earnable Compensation

▶ Definition:

- ▶ Compensation (wages, salary, and other payments) earned by the member during the full normal working time in a position that is TRSL-eligible
- ▶ All earnable compensation is reported as “Actual Earnings”
- ▶ Member and employer contributions must be made on all earnable compensation
- ▶ Report contributions in the fiscal year earned (July 1 through June 30)
 - ▶ Contribution reports and payments are due by the 15th of each month
 - ▶ Payments made after close of fiscal year should be moved to the correct fiscal year

Earnable Compensation

Earnable compensation can include the following:

- ▶ Cash housing allowances
- ▶ Overtime, bonuses, stipends, supplements, etc.
- ▶ Bonuses (market rate adjustments, promotions)
- ▶ Compensatory leave payments

Not an inclusive list. Contact your Accountant Liaison for help.

Earnable Compensation

Earnable compensation *excludes* the following:

- ▶ Per diem
- ▶ Post allowance
- ▶ Payment in kind
- ▶ Hazardous duty pay
- ▶ Reimbursement of expenses due to employment
- ▶ Payment in lieu of unused sick or annual leave
- ▶ Lump sum payments for discontinuation of contractual services

Contribution Rates

- ▶ Contributions are calculated based on member's gross earnable compensation
- ▶ **Member (employee) portion: 8.0%**
- ▶ **Employer portion** (subject to change each fiscal year):
 - ▶ **Normal cost**: Amount needed to fund benefits accrued in the fiscal year
 - ▶ **Administrative expense rate**: Non-investment administrative expenses of TRSL (funded directly beginning in FY 2019)
 - ▶ **Shared UAL**: Unfunded accrued liability payment

LASERS vs. TRSL Contribution Rates

Fiscal year	LASERS/TRSL sub-plans	Employee contribution rate	Employer rate (ER)			
			Normal cost	Admin expense rate	Shared UAL	Total ER
LASERS 2021-22	Rank & file employees (prior to 7/1/2006)	7.5%	1.97%	0.87%	36.70%	39.5%
	Rank & file employees (on or after 7/1/2006)	8.0%				
TRSL 2021-22	K-12 Regular Plan*	8.0%	3.3377%	0.38%	21.47%	25.2%
	Lunch Plan A	9.1%				
	Lunch Plan B	5.0%				
	Higher Ed Regular Plan	8.0%	2.6210%	0.38%	21.47%	24.5%

*Includes university laboratory schools

- Once your contribution report has been posted with salaries reported, TRSL will calculate the amount for Employer contributions.

Full-time Earnings

- ▶ **Definition** (for monthly salary reporting):
 - ▶ Compensation the employee would have been paid had she/he worked full-time in a TRSL-eligible position *for the entire month*
- ▶ Must be equal to or greater than actual earnings
 - ▶ Can never be less than actual earnings
- ▶ Do not reduce because the employee is docked or on leave without pay (LWOP)

Identifying Errors:

Monthly Salary/Contribution Reports

- ▶ Two reports available:
 - ▶ *Contribution Exceptions*
 - ▶ *Salary Rejections*
- ▶ Both reports should be reviewed and corrected/reconciled each month to ensure accurate and timely membership and salary/contribution reporting
- ▶ Contact your assigned Accountant or Retirement Benefits Analyst Liaison for assistance with these reports
 - ▶ You may be contacted by an Employer Services Department staff member who is not your assigned liaison on www.trsl.org

Contribution Exceptions



- ▶ Available from the “Employer Contribution Charges” screen under the *Employers* menu in EMIS
- ▶ Identifies reporting and enrollment errors
- ▶ Should be reviewed, cleared, or reconciled each month
 - ▶ Cumulative report: Clicking the last month posted will pull all current contribution exceptions that need to be cleared

Retrieving the Contribution Exception Report

- ▶ Review the Employer Contribution Charges screen in EMIS after posting your monthly salary/contributions report for the Regular Plan (System 4)
- ▶ Click on the last “Error” message on the screen

Employer Contribution Charges						
TRSL - REGULAR		Employer: C				
Fiscal Year: 2021		Show Rejections				
Month		Earnings	Sheltered	Unsheltered	Full-Time	Employer
JUL Error	Transmittal	1,503,638.79	117,799.72	842.92	1,504,442.20	387,555.52
	Rejections	1,200.00	96.00	0.00	1,200.00	
	CCRs	-285.63	-22.85	0.00	3,463.75	
	Posted	1,502,153.16	117,680.87	842.92	1,506,705.95	
AUG Error	Transmittal	18,582,658.88	1,475,377.63	8,438.83	18,582,658.88	4,791,167.62
	Rejections	0.00	0.00	0.00	0.00	
	CCRs	-12,241.73	-979.31	0.00	121,963.27	
	Posted	18,570,417.15	1,474,398.32	8,438.83	18,704,622.15	
SEP Error	Transmittal	18,413,023.67	1,458,735.86	11,081.27	18,413,023.67	4,751,064.11
	Rejections	0.00	0.00	0.00	0.00	
	CCRs	1,953.50	156.26	0.00	177,935.88	
	Posted	18,414,977.17	1,458,892.12	11,081.27	18,590,959.55	
OCT Error	Transmittal	18,441,238.97	1,455,184.86	16,888.29	18,441,238.97	4,757,775.88
	Rejections	247.19	19.78	0.00	247.19	
	CCRs	0.00	0.00	0.00	197,430.54	
	Posted	18,440,991.78	1,455,165.08	16,888.29	18,638,422.32	
NOV Error	Transmittal	18,529,070.48	1,462,115.12	17,129.56	18,529,070.48	4,781,066.54
	Rejections	719.60	57.56	0.00	719.60	
	CCRs	2,914.79	233.18	0.00	2,914.79	
	Posted	18,531,265.67	1,462,290.74	17,129.56	18,531,265.67	
TOTAL Report	Transmittal	75,469,630.79	5,969,213.19	54,380.87	75,470,434.20	19,468,629.67
	Rejections	2,166.79	173.34	0.00	2,166.79	
	CCRs	-7,659.07	-612.72	0.00	503,708.23	
	Posted	75,459,804.93	5,968,427.13	54,380.87	75,971,975.64	

Contribution Exception Report

Date: 12/08/2020
Time: 4:39:22PM

Teachers' Retirement System of Louisiana - Regular Plan

Contribution Exception Report
For Fiscal Year 2020-2021


Page 1 of 8
By: Heather

Employer: C

Start Date	Term Date	Status	Status Date	Reporting Period	Contrib Type	Actual Earnings	Contrib	Full-Time Earnings	Exception Message
- NEAL									
08/10/2005		ACTIVE	08/10/2005	11/2020					Enrolled not reported.
- GREGORY R									
08/08/2018		ACTIVE	08/08/2018	11/2020					Enrolled not reported.
- BAUDEAN									
12/10/2019		ACTIVE	03/09/2018	11/2020					Enrolled not reported.
- VICTORIA K									
08/10/2015		ACTIVE	08/10/2015	11/2020					Enrolled not reported.
- MYERS									
10/30/2000		ACTIVE	01/14/2000	11/2020					Enrolled not reported.
- TABITHA C									
08/19/2019		ACTIVE	08/19/2019	11/2020					Enrolled not reported.
- WILL									
07/15/2019		ACTIVE	01/11/2019	11/2020					Enrolled not reported.
- JENNIFER A									
07/24/2013		ACTIVE	07/24/2013	11/2020					Enrolled not reported.
- FOSTER									
08/08/2016		ACTIVE	08/08/2016	11/2020					Enrolled not reported.
- JESSICA F									
07/01/2012		ACTIVE	08/06/2012	11/2020					Enrolled not reported.
- WILLIAMS									
09/15/2015		ACTIVE	09/15/2015	11/2020					Enrolled not reported.

Source: EMIS, ContributionException

Clearing Exceptions



A screenshot of a web application menu titled 'Updates'. The menu contains the following items: Agency Certification (Form 11B), Annual Leave Update, Contribution Correction, Enrollments, Full-Time Only Corrections, Home Address Update, Journal Entry Review, Prior Year Salary Correction, Questionable Year Certification, Retiree Voluntary/Insurance Deduction, Sick Leave Days Paid Update, Sick Leave Add and/or Update, and Terminations. The items 'Contribution Correction', 'Enrollments', 'Prior Year Salary Correction', and 'Terminations' are each circled in red.

Updates
Agency Certification (Form 11B)
Annual Leave Update
Contribution Correction
Enrollments
Full-Time Only Corrections
Home Address Update
Journal Entry Review
Prior Year Salary Correction
Questionable Year Certification
Retiree Voluntary/Insurance Deduction
Sick Leave Days Paid Update
Sick Leave Add and/or Update
Terminations

- ▶ Online updates in EMIS
 - ▶ *Enrollments* (if authorized)
 - ▶ *Terminations*
 - ▶ *Contribution Correction* (current fiscal year only)
 - ▶ *Prior Year Salary Correction* (previous fiscal year)
- ▶ Must have specific access rights designated on *Authorized Contacts* (Form 1)

Retrieving Salary Rejections

Employer Contribution Charges

TRSL - REGULAR		Employer:				
Fiscal Year: 2021		Hide Rejections				
Month		Earnings	Sheltered	Unsheltered	Full-Time	Employer
JUL Report	Transmittal	1,761,553.81	140,924.46	0.00	1,763,302.77	
	Rejections	252,068.16	20,165.62	0.00	252,068.16	
	CCRs	-1,358.46	-108.69	0.00	-1,358.46	389,096.82
	Posted	1,508,127.19	120,650.15	0.00	1,509,876.15	
AUG Error	Transmittal	1,028,265.56	82,261.23	0.00	1,029,637.70	
	Rejections	0.00	0.00	0.00	0.00	
	CCRs	0.00	0.00	0.00	0.00	265,292.51
	Posted	1,028,265.56	82,261.23	0.00	1,029,637.70	

Salary Rejections

Month/Year	SSN	Actual Earnings	Sheltered Contributions	Unsheltered Contributions	FullTime Earnings	Error Message
07/2020		128,861.44	10,308.97	0.00	128,861.44	EARNINGS > 99999.99 DISALLOWED
07/2020		119,441.72	9,555.45	0.00	119,441.72	EARNINGS > 99999.99 DISALLOWED
07/2020		3,765.00	301.20	0.00	3,765.00	PERSON IN ESTIMATED STATUS
	TOTAL:	252,068.16	20,165.62	0.00	252,068.16	
10/2020		-121,910.72	-9,752.92	0.00	-121,910.72	NEG MONEY AMOUNT DISALLOWED
10/2020		-113,873.08	-9,109.97	0.00	-113,873.08	NEG MONEY AMOUNT DISALLOWED
	TOTAL:	-235,783.80	-18,862.89	0.00	-235,783.80	
12/2020		-5,748.72	-459.90	0.00	-5,748.72	NEG MONEY AMOUNT DISALLOWED
	TOTAL:	-5,748.72	-459.90	0.00	-5,748.72	

- ▶ Review the Employer Contribution Charges screen in EMIS after posting your monthly salary/contributions report for the Regular Plan (System 4)
- ▶ Click on the “**Show Rejections**” button near top of the screen
 - ▶ Screen will update and display rejected records at bottom of the screen in calendar month order

Salary Rejections

Salary Rejections

Month/Year	SSN	Actual Earnings	Sheltered Contributions	Unsheltered Contributions	FullTime Earnings	Error Message
07/2020		128,861.44	10,308.97	0.00	128,861.44	EARNINGS > 99999.99 DISALLOWED
07/2020		119,441.72	9,555.45	0.00	119,441.72	EARNINGS > 99999.99 DISALLOWED
07/2020		3,765.00	301.20	0.00	3,765.00	PERSON IN ESTIMATED STATUS
	TOTAL:	252,068.16	20,165.62	0.00	252,068.16	
10/2020		-121,910.72	-9,752.92	0.00	-121,910.72	NEG MONEY AMOUNT DISALLOWED
10/2020		-113,873.08	-9,109.97	0.00	-113,873.08	NEG MONEY AMOUNT DISALLOWED
	TOTAL:	-235,783.80	-18,862.89	0.00	-235,783.80	
12/2020		-5,748.72	-459.90	0.00	-5,748.72	NEG MONEY AMOUNT DISALLOWED
	TOTAL:	-5,748.72	-459.90	0.00	-5,748.72	

Reconciling Rejections

- ▶ Common rejection types:
 - ▶ ORP MEMBER
 - ▶ PENDING RET/DROP
 - ▶ ESTIMATED STATUS
 - ▶ CONTRIBUTION MUST BE 0
 - ▶ NEG MONEY AMOUNT DISALLOWED
 - ▶ EARNINGS > 99999.99 DISALLOWED

NOTE: Rejections remain on the report and do not fall off, even after correction

Contribution Correction (Online Corrections)

- ▶ Corrects salary reporting in the current fiscal year
- ▶ Adds, edits/changes, or deletes monthly salary postings reported

Contribution Correction

System: 4

Employer:

SSN:

Fiscal Year: 2021

Name:

Reporting Month/Year: 09/2020

Instructions for using Contribution Correction:

1. Click 'Edit' or 'Add' in the first column to open the line for editing.
2. Enter the actual earnings and full-time earnings and click 'Replace' if replacing data that has been posted for the month. If only actual earnings OR full-time earnings is changing, enter the same amount for the field not changing and enter the new amount for the field that is changing.
3. Enter the actual earnings and full-time earnings and click 'Add' or 'Add Zeros' if adding a posting for the month. Adding zeroes can only be done for July, August and June in which 0.00 should be entered for the actual earnings and full-time earnings. Full-time earnings are required for the rest of the months.
4. Click 'Delete' or 'Delete Zeros' to delete the posting for the month.
5. Click 'Cancel' to undo changes entered or to return to the initial display.
6. Enter actual earnings and full-time earnings with the decimal. For example, to enter \$10 key in 10.00.
7. Contribution Type "30" is for sheltered contributions and Contribution Type "10" is for unsheltered contributions.

	Actual Earnings	Full-Time Earnings	Contribution Amount	Contribution Type	
Edit	7270.67	7270.67	581.65	30	Delete

Prior Year Salary Corrections (Online Corrections)

- ▶ Use to correct prior year actual earnings, contributions, and full-time earnings
- ▶ Must enter annual actual earnings and full-time earnings for a prior (closed) fiscal year
- ▶ Must use *Reason* drop-down box and/or *Comment* field for both Salary Correction Comment and Salary Correction Full-Time Comment

Prior Year Salary Corrections

SSN: <input type="text"/>		Employer ID: <input type="text"/>	
Name: <input type="text"/>		Fiscal Year: 2015	
System: 4			

Contribution Type	Employer Indicator	Actual Earnings	Contribution Amount	Full Time Earnings	Service Credit	Comment
Sheltered	Primary	10,001.02	1,548.88	16,861.02	.48	

Instructions for using Prior Year Salary Corrections:

1. Enter the actual earnings and full-time earnings and click "Submit" if replacing Sheltered data that has been posted for the year.
2. Click "Delete Posting" to delete the Sheltered posting for the year.
3. Click "Add Unsheltered" to open the Unsheltered line for editing. Enter the combined full-time earnings on the Sheltered line.
4. If you do not want to change posted Sheltered values when adding Unsheltered, leave the Sheltered actual earnings box empty.

Sheltered:

Actual Earnings:

Full-Time Earnings:

Delete Posting: ☐

☐ Add Unsheltered:

Instructions for using 100% Switch:

1. To execute a 100% contribution type switch from Sheltered to Unsheltered, click the "100% Switch" box only.

☐ 100% Switch

Salary Correction Comment

Instructions for using Salary Comment:

1. Select a reason for the correction.
2. A comment can be added for additional information needed to clarify the correction. The comment is optional unless a reason is not chosen in which case the comment is required.

Reason:

Comment:

Salary Correction Full-Time

Instructions for using Full-Time Comment:


1. Required for Primary when the Full-Time is different.
2. Select a reason for the full-time change.
3. A comment can be added for additional information needed to clarify the change. The comment is optional unless a reason is not chosen in which case the comment is required.

Reason:

Comment:

Payment Distribution Voucher (Form 4D)

- ▶ Corrections made to current year and prior year actual earnings may result in additional contributions due
- ▶ *Payment Distribution Voucher* (Form 4D) is required with payment.



TRSL
Teachers' Retirement
System of Louisiana

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 P.O. Box 94123 • Baton Rouge, LA 70804-9123
 Telephone: (225) 925-6446 • Fax: (225) 925-4258
 Toll free (outside the Baton Rouge area): 1-877-ASK-TRSL (877-275-8775)
 www.TRSL.org • web.master@trsl.org • Form4D@trsl.org

Form 4D (01/20)

Submit to:
Form4D@trsl.org

Payment Distribution Voucher

Employer ID

Employer Name

Total remitted

(Amount will auto-calculate from total contributions in blocks below.)

REGULAR PLAN

Apply to Mo/Yr	Type	Contributions
Current Year		
1. <input type="text"/> / <input type="text"/>	S - Member	\$ <input type="text"/>
2. <input type="text"/> / <input type="text"/>	U - Member	\$ <input type="text"/>
3. <input type="text"/> / <input type="text"/>	-- Employer	\$ <input type="text"/>
4. <input type="text"/> / <input type="text"/>	I - Employer	\$ <input type="text"/>
Prior Year		
	S - Member	\$ <input type="text"/>
	U - Member	\$ <input type="text"/>
	-- Employer	\$ <input type="text"/>
	I - Employer	\$ <input type="text"/>
TOTAL		\$ <input type="text" value="0.00"/>

OPTIONAL RETIREMENT PLAN (ORP)

Apply to Mo/Yr	Type	Contributions
Current Year		
1. <input type="text"/> / <input type="text"/>	S - Member	\$ <input type="text"/>
2. <input type="text"/> / <input type="text"/>	U - Member	\$ <input type="text"/>
3. <input type="text"/> / <input type="text"/>	-- Employer	\$ <input type="text"/>
4. <input type="text"/> / <input type="text"/>	I - Employer	\$ <input type="text"/>
Prior Year		
	S - Member	\$ <input type="text"/>
	U - Member	\$ <input type="text"/>
	-- Employer	\$ <input type="text"/>
	I - Employer	\$ <input type="text"/>
TOTAL		\$ <input type="text" value="0.00"/>

Terminations

- ▶ Enter a termination date for an employee who:
 - ▶ Resigns
 - ▶ Dies while active
 - ▶ Date of death should be termination date
 - ▶ Is approved for TRSL disability retirement
- ▶ Use MM/DD/YYYY format.
- ▶ Update within 30 days of the member's last day of work (or last day of official leave) or date of death.

Terminations

SSN: _____ Employer: 0097 TRSL
Name: _____

Procedures for using Terminations:

1. Click 'Edit' in the first column to open the line for editing.
2. Enter the termination date and select the months of contract and click 'Update'.
3. Click 'Cancel' to undo changes entered or to return to the initial display.

	System	Employment Date	Termination
Edit	4	12/17/2001	

NOTE: Termination date should not be the same as the enrollment date

Index 6.0: Service Credit Certifications/Corrections

- Provides instructions for identifying and correcting records requiring service credit certification

**TRSL**

EMPLOYER MANUAL **INDEX 6.0**

INDEX 6.0: Service Credit Certifications/Corrections *August 2018*

CONTENTS

- [Related terms & definitions](#)
- [What is service credit](#)
- [Service credit formula](#)
- [Impact of service credit](#)
- [Identifying records that require service credit certification](#)
- [What is a questionable year \(QY\)?](#)
- [Questionable Years Report](#)
- [Report options](#)
- [Sort selections](#)
- [How to retrieve your agency's QY report](#)
- [Requests for Certification of QYs](#)
- [QY letter](#)

The information presented in this index describes the following:

- What is service credit?
- How to identify records requiring service credit certification
- How to certify service credit/certify questionable years

Related terms and definitions

Employers should be familiar with the following terms and definitions as it relates to TRSL service credit:

- **Actual earnings:** All earnings paid to a member meeting the definition of earnable compensation in accordance with [LSA R.S. 11:701\(10\)](#). (See "Earnable compensation" section of [Index 4.0](#) for more information and instructions.)
- **Full-time earnings:** The compensation that would be payable if the employee worked full-time for the entire reporting period plus any extra earnings. For service credit certifications, the full-time earnings amount should be the compensation the member would have earned if he/she worked the entire fiscal year as a full-time employee in a TRSL-covered position plus extra earnings.
- **Part-time for the purpose of earning service credit for eligibility purposes:** Employees are considered part-time for the purpose of earning service credit for eligibility purposes if they are

Related Terms/Definitions

- ▶ **Questionable year:** A fiscal year record that meets one of TRSL's criteria to require service credit certification or correction
- ▶ **Actual earnings:** All earnings during a specified fiscal year earned by a member that meets the definition of earnable compensation
- ▶ **Full-time earnings:** Total compensation amount that would be payable if the employee worked full-time for the entire fiscal year in a TRSL-covered position plus any extra earnings
- ▶ **Service credit:** A measure of the number of years a member has worked and contributed to TRSL per the service credit formula
- ▶ **Service credit formula:**
 - ▶ $\text{Actual earnings} / \text{Full-time earnings} = \text{Service credit for benefit computation}$
 - ▶ $\text{Service credit for benefit computation} / \% \text{ effort} = \text{Service credit for eligibility}$
- ▶ **Percent (%) effort:**
 - ▶ $\# \text{ hours worked} / \# \text{ hours in a full workday}$
 - ▶ *EXAMPLE: Employee works 5 hours per day; normal full-time is 8 hours per day; $5/8 \text{ hours} = 63\% \text{ effort}$*

Retrieving Questionable Year Report

Reports	Updates	Logo
Active/Active DROP Member Service		
Agencies Without Charges		
Annual Leave		
Checklist Status		
Contribution Exception		
Employer Payments		
Employer Delinquent Contributions		
Employer Statements		
Enrolled Not Reported		
Ending DROP Participation		
Furloughed Employees Certification		
Insurance/Voluntary Deduction		
Members Eligible to Retire		
ORP Statements		
Questionable Years		
Questionable Year Statistics for All Fiscal Years		
Reporting Not Enrolled		
Sick Leave		
Sick Leave Errors		

Query Record
Employer ID []
Report Selection
<input type="radio"/> retirement actions pending
<input type="radio"/> all outstanding questionable years
<input type="radio"/> fiscal years less than/equal to 3 years old
<input type="radio"/> fiscal years greater than 3 years old
<input type="radio"/> by fiscal year
Sort Selection
SSN
fiscal year
member status
reason code

Questionable Years Report

The Questionable Years Report generates a list of members who have questionable years requiring certification. There are five options for creating reports and four different ways to sort the report.

- Option 1: Retirement Actions Pending - This report will list questionable years for which TRSL has requested certification via a Questionable Years Letter. This report will primarily consist of members presently going through the retirement process or approaching retirement eligibility.
- Option 2: All Outstanding Questionable Years - This report will list all outstanding questionable years for your agency. A Retirement Actions Pending section will be listed at the front of the report.
- Option 3: Fiscal Years Less Than/Equal to 3 Years Old - This report will list all outstanding questionable years less than or equal to three years old from the current fiscal year. A Retirement Actions Pending section will be listed at the front of the report only for fiscal years less than or equal to 3 years old.
- Option 4: Fiscal Years Greater than 3 Years Old - This report will list all outstanding questionable years greater than three years old. A Retirement Actions Pending section will be listed at the front of the report only for fiscal years greater than 3 years old.
- Option 5: By Fiscal Year - This report will list all outstanding questionable years for a range of fiscal years or a single fiscal year of your choosing.

Questionable Years Report

Date: 12/11/2020
Time: 2:05:35PM

Teachers' Retirement System of Louisiana
Questionable Years

Page 2 of 4
By: Heather

This report contains all outstanding questionable years sorted by SSN.

Current Count 28 as of 12/11/2020
Original Count 69

Employer: [REDACTED]
59% Complete

Description of Reason

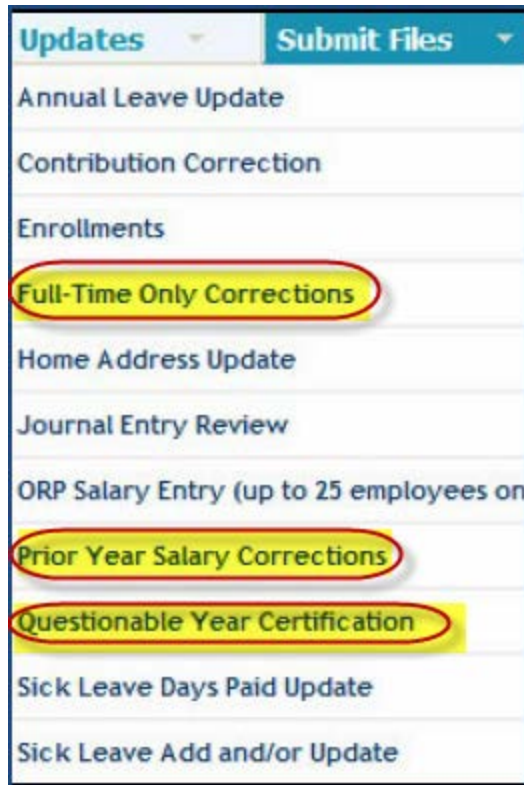
- 1 Annual salary is more than 5% decrease from previous year
- 2 1st year of employment for an employer / 1st year of employment after DROP
- 3 Changed employer / Terminated during the fiscal year
- Please update/verify enrollment and/or termination date(s)**
- 4 Partial year of service credit not previously certified
- 5 (P/T) Possible part-time employment (may receive additional eligibility credit)

Note: Employers will be liable for service credit corrections after three years. Corrections resulting in an increase in the service credit will be an actuarial cost in accordance with Louisiana Revised Statute 11.888 C.

Name	Sys	SSN	Fiscal Year	Status	Date of Employment	Date of Termination	Actual Earnings	Full-Time Earnings	Service Credit	Reason for Questioning Year
ROCKWELL [REDACTED]	4	[REDACTED]	2016	INACTIVE	04/13/2015	01/03/2019	52,676.00	52,676.00	1.00	1
[REDACTED]	4	[REDACTED]	2019	INACTIVE	04/13/2015	01/03/2019	31,216.45	31,216.45	0.50	1,3,4
[REDACTED] JOSHUA	4	[REDACTED]	2020	ACTIVE	02/11/2020		16,883.85	16,883.85	0.40	2,4
BEAVERS [REDACTED]	4	[REDACTED]	2020	ACTIVE	01/27/2020		27,752.05	27,752.05	0.44	2,4
[REDACTED] MELINDA L	4	[REDACTED]	2019	ACTIVE	12/17/2018		30,066.42	30,066.42	0.52	2,4
LEMOINE [REDACTED]	4	[REDACTED]	2019	ACTIVE	03/25/2019		16,065.60	16,065.60	0.28	2,4
[REDACTED] CHRISTA S	4	[REDACTED]	2017	ACTIVE	04/17/2006	12/18/2016	26,603.20	26,603.20	0.47	3,4
POLOTZOLA [REDACTED]	4	[REDACTED]	2016	ACTIVE	01/25/2016		26,676.98	27,461.60	0.43	2,4
[REDACTED] MELANIE M	4	[REDACTED]	2018	ACTIVE	01/23/2018		22,000.06	22,000.06	0.46	1,2,4
CROCHET [REDACTED]	4	[REDACTED]	2019	ACTIVE	04/08/2019		14,538.00	14,538.00	0.24	2,4
[REDACTED] LESLY A	4	[REDACTED]	2018	ACTIVE	11/20/2017		15,516.00	15,516.00	0.60	1,2,4
MCGRAN [REDACTED]	4	[REDACTED]	2018	ACTIVE	11/06/2017		47,123.09	47,123.09	0.64	1,2,4

Source: EMIS, QYOutstanding

How to Certify Questionable Years



Three online processes:

- ▶ Full-Time Only Corrections
- ▶ Questionable Year Certification
- ▶ Prior Year Salary Corrections
 - ▶ Must have access rights designated on *Authorized Contacts* (Form 1)

How to Certify Questionable Years (Online Processes)

- ▶ **Full-Time Only Correction**
 - ▶ Use when incorrect full-time earnings reported or service credit is incorrect
- ▶ **Questionable Year Certification**
 - ▶ Use when service credit, actual earnings, and full-time earnings reported are correct and reasonable
- ▶ **Prior Year Salary Correction**
 - ▶ Use when incorrect actual earnings reported
- ▶ Must have access rights designated on *Authorized Contacts* (Form 1)

Full-Time Only Corrections

Member Inquiry
Full-Time Only Corrections

SSN:
 Name:
 System: 4

Employer:
 Fiscal Year: 2005

Contribution Type	Employer Indicator	Actual Earnings	Contribution Amount	Full Time Earnings	Service Credit	Comment
Sheltered	Primary	33,829.01	2,706.33	33,829.01	1.00	

Instructions for using Full-Time Only Corrections:

- The information as reported to TRSL for the fiscal year is displayed above.
- Full-time earnings is the compensation that would be payable if the employee worked full-time for the full normal working period. Full-time earnings equal an employee's full-time base pay (regardless of whether or not this amount is actually paid) plus any additional payments made to the employee (i.e., PIP summer school, overtime, stipends, cash house allowances, coaching supplements, sales tax, bonuses and any other monies paid to a member over and above his or her base pay defined as earnable compensation by LSA-R.S. 11:701(10)). Full-time earnings for part-time employees is the same as full-time employees. Full-time earnings must be equal to or greater than actual earnings.
- If the fiscal year you are correcting has service credit LESS THAN 1.00 and the service credit should be 1.00, because the member's actual and full-time amounts are correct and are the same, you **MUST** enter the **SAME** full-time earnings, which will divide actual by full-time and update that fiscal year to 1.00.
- If the fiscal year has service credit of 1.00 and you enter the same full-time earnings that is already on the database, you will receive an error "New full-time is equal to reported. Enter a corrected full-time amount." This process will also mark the year with asteriks as **CERTIFIED**.
- Select a reason for the correction.
- A comment can be added for additional information needed to clarify the correction. The comment is optional unless a reason is not chosen in which case the comment is required.
- Click the 'Submit' button to submit the correction.
- NOTE:** The correction of an authorized signer's personal TRSL member account must be completed by another authorized signer at the agency.

Full-Time Earnings:
 Reason:
 Comment:

- ▶ Updates service credit
- ▶ Must provide correct Full-time Earnings amount
- ▶ Use Reason drop-down box *or* enter Comment

Reason:

Comment:

Official Leave (Other than Sabbatical)

Sabbatical at Reduced Pay

Extra Earnings

Workers' Compensation

Summer School Earnings

Full-Time Earnings Under/Over-stated

Full-Time not previously reported

1st Year of Employment

Last Year of Employment

1st Year of Employment After DROP

Part-time Employee

Substitute Earnings

EXAMPLE: Full-Time Only Correction

- ▶ Record appears on the Questionable Years report
 - ▶ *EXAMPLE: Employee termed on 12/31/2005*
 - ▶ Need correct Full-time earnings to clear the questionable year record

Name	Sys	SSN	Fiscal Year	Status	Date of Employment	Date of Termination	Actual Earnings	Full-Time Earnings	Service Credit	Reason for Questioning Year
JAMES L	4		2006	INACTIVE	08/15/2004	12/31/2005	14,243.00	14,243.00	0.45	3,4

EXAMPLE: Full-Time Only Correction

Full-Time Only Corrections

SSN: <input type="text"/>		Employer: Example				
Name: <input type="text"/>		Fiscal Year: 201				
System: 4						
Contribution Type	Employer Indicator	Actual Earnings	Contribution Amount	Full Time Earnings	Service Credit	Comment
Sheltered	Primary	14,243.00	1,139.44	14,243.00	0.45	QUESTIONABLE YEAR

Instructions for using Full-Time Only Corrections:

1. The information as reported to TRSL for the fiscal year is displayed above.
2. Full-time earnings is the compensation that would be payable if the employee worked full-time for the full normal working period. Full-time earnings equal an employee's full-time base pay (regardless of whether or not this amount is actually paid) plus any additional payments made to the employee (i.e., PIP summer school, overtime, stipends, cash house allowances, coaching supplements, sales tax, bonuses and any other monies paid to a member over and above his or her base pay defined as earnable compensation by LSA-R.S. 11:701(10)). Full-time earnings for part-time employees is the same as full-time employees. Full-time earnings must be equal to or greater than actual earnings.
3. If the fiscal year you are correcting has service credit LESS THAN 1.00 and the service credit should be 1.00, because the member's actual and full-time amounts are correct and are the same, you **MUST** enter the SAME full-time earnings, which will divide actual by full-time and update that fiscal year to 1.00.
4. If the fiscal year has service credit of 1.00 and you enter a different full-time amount, the system will already be on the database, you will receive an error "New full-time is equal to or greater than actual" and this process will also mark the year with asteriks as CERTIFIED.
5. Select a reason for the correction.
6. A comment can be added for additional information. If no reason is chosen in which case the comment is required.
7. Click the 'Submit' button to submit the correction.
8. NOTE: The correction of an authorized signer's personal information must be completed by another authorized signer at the agency.

Provide total salary amount employee would have made if worked entire year as a full-time employee + any additional pay (overtime, etc).

Full-Time Earnings:

Reason:

Comment:

Use Comment field whenever possible

Submit

Common Errors: Full-time Earnings

- ▶ Not including extra earnings (overtime, lump sum payments, etc.) in full-time earnings
- ▶ Entering full-time earnings amount for a period of time less than a full fiscal year (Example: Only entering the full-time earnings amount for January – June if member was hired in January)
- ▶ Changing the full-time earnings by \$0.01 if the actual and full-time earnings are both correct but the service credit is incorrect
- ▶ Not prorating the full-time earnings when a member has multiple rates of pay or a change in pay during the fiscal year (contact your assigned retirement analyst liaison for assistance)

Common Errors: Part-time Employment Certification

Salary Correction Full-Time	
Instructions for using Full-Time Comment:	
1. Required for Primary when the Full-Time is different.	
2. Select a reason for the full-time change.	
3. A comment can be added for additional information needed to clarify the change. The comment is optional unless a reason is not chosen in which case the comment is required.	
Reason:	<div>Full-Time not previously reported</div> <div>1st Year of Employment After DROP</div> <div>1st Year of Employment</div> <div>Last Year of Employment</div> <div>Official Leave (Other than Sabbatical)</div> <div>Sabbatical at Reduced Pay</div> <div>Extra Earnings</div> <div>Workers' Compensation</div> <div>Summer School Earnings</div> <div>Full-Time Earnings Under/Over-stated</div> <div>Part-time Employee</div> <div>Substitute Earnings</div>
Comment:	<input type="text"/>

- ▶ Selecting “Part-time Employee” for someone who worked full-time but only worked a portion of the year
- ▶ Selecting “Part-time Employee” but not including the percent effort in the comment field

Common Errors: Miscellaneous

- ▶ Not providing correct start or termination date in comment field if correct dates have not previously been reported

Salary Correction Comment

Instructions for using Salary Comment:
1. Select a reason for the correction.
2. A comment can be added for additional information needed to clarify the correction. The comment is optional unless a reason is not chosen in which case the comment is required.

Reason: Earnings reported in July but earned in June ▼

Comment:

- ▶ Reporting rollover earnings via a Full-time Only Correction (Rollover earnings should be moved to the year in which they were earned/accrued via a Prior Year Salary Correction)

Questionable Year Certification

- ▶ Does not update service credit; certifies reported data is correct *as is*
- ▶ Must select *Reason* from drop-down box or enter *Comment*

Member Inquiry
Questionable Year Certification

SSN:		Employer:				
Name:		Fiscal Year: 2011				
System: 4						

Contribution Type	Employer Indicator	Actual Earnings	Contribution Amount	Full Time Earnings	Service Credit	Comment
Sheltered	Primary	90,079.50	0.00	92,778.36	0.97	

Instructions for using Questionable Year Certification:

1. The information as reported to TRSL for the fiscal year is displayed above.
2. This certification will only update the record with asteriks to certify the data reported is correct. IT WILL NOT CHANGE SERVICE CREDIT. The FULL-TIME ONLY CORRECTIONS must be used if service credit should be updated.
3. Select a reason for the certification.
4. A comment can be added for additional information needed to clarify the certification. The comment is optional unless a reason is not chosen in which case the comment is required.
5. Click the 'Certify' button to submit the certification.
6. NOTE: The certification of an authorized signer's personal TRSL member account must be completed by another authorized signer at the agency.

Reason:

Comment:

Certify

NOTE: If applicable, you must select “Part-time Employee” from the “Reason” drop-down list and enter the percent effort in the comment field for member to receive correct service credit for eligibility.

EXAMPLE: Questionable Year Certification

- ▶ Record appears on the Questionable Years report
 - ▶ *EXAMPLE: New hire as of 07/01/1997, termed on 6/2005, need certification for 1st year of employment (FY 1998)*
 - ▶ Per employer's research, employee has worked the entire year and had no dockages or leave without pay (LWOP) during FY 1998, and Full-time earnings previously reported is correct

Name	Sys	SSN	Fiscal Year	Status	Date of Employment	Date of Termination	Actual Earnings	Full-Time Earnings	Service Credit	Reason for Questioning Year
LISA F	4	15	1998	ACTIVE	08/14/1997	06/01/2005	21,479.04	21,479.04	1.00	2

EXAMPLE: Questionable Year Certification

Questionable Year Certification

SSN: [REDACTED]		Employer: BD	
Name: M		Fiscal Year: 20	
System: 4			

Contribution Type	Employer Indicator	Actual Earnings	Contribution Amount	Full Time Earnings	Service Credit	Comment
Sheltered	Primary	21,479.04	1,718.29	21,479.04	1.00	QUESTIONABLE YEAR

Instructions for using Questionable Year Certification:

1. The information as reported to TRSL for the fiscal year is displayed above.
2. This certification will only update the record with asterisks to certify the data reported is correct. IT WILL NOT CHANGE SERVICE CREDIT. The FULL-TIME ONLY CORRECTIONS must be used if service credit should be updated.
3. Select a reason for the certification.
4. A comment can be added for additional information needed to clarify the certification. The comment is optional unless a reason is not chosen in which case the comment is required.
5. Click the 'Certify' button to submit the certification.
6. NOTE: The certification of an authorized signer's personal TRSL member account must be completed by another authorized signer at the agency.

Reason: 1st year of employment

Comment:

Use Comment field when needed

Certify

Prior Year Salary Corrections

- ▶ Updates service credit
- ▶ Must enter both correct actual earnings and full-time earnings amounts
- ▶ Must use *Reason* drop-down box and/or *Comment* field for both Salary Correction Comment and Salary Correction Full-Time Comment
- ▶ \$150 fee if correction increases earnings/contributions and service credit or average comp for fiscal years more than three (3) years old; *fee will be requested if required*

Prior Year Salary Corrections

SSN: 		Employer ID: 3C BD	
Name: 		Fiscal Year: 2017	
System: 4			

Contribution Type	Employer Indicator	Actual Earnings	Contribution Amount	Full Time Earnings	Service Credit	Comment
Sheltered	Primary	11,878.92	950.32	12,098.12	0.32	QUESTIONABLE YEAR

Instructions for using Prior Year Salary Corrections:

1. Enter the actual earnings and full-time earnings and click "Submit" if replacing Sheltered data that has been posted for the year.
2. Click "Delete Posting" to delete the Sheltered posting for the year.
3. Click "Add Unsheltered" to open the Unsheltered line for editing. Enter the combined full-time earnings on the Sheltered line.
4. If you do not want to change posted Sheltered values when adding Unsheltered, leave the Sheltered actual earnings box empty.

Sheltered:

☐ Add Unsheltered:

Actual Earnings

Full-Time Earnings

Delete Posting

☐

Instructions for using 100% Switch:

1. To execute a 100% contribution type switch from Sheltered to Unsheltered, click the "100% Switch" box only.

☐ 100% Switch

Salary Correction Comment

Instructions for using Salary Comment:

1. Select a reason for the correction.
2. A comment can be added for additional information needed to clarify the correction. The comment is optional unless a reason is not chosen in which case the comment is required.

Reason: ▼

Comment:

Salary Correction Full-Time

Instructions for using Full-Time Comment:

1. Required for Primary when the Full-Time is different.
2. Select a reason for the full-time change.
3. A comment can be added for additional information needed to clarify the change. The comment is optional unless a reason is not chosen in which case the comment is required.

Reason: ▼

Comment:

Submit

EXAMPLE: Prior Year Salary Correction

Prior Year Salary Corrections						
SSN: 		Employer ID: 5C BD				
Name: 		Fiscal Year: 2017				
System: 4						
Contribution Type	Employer Indicator	Actual Earnings	Contribution Amount	Full Time Earnings	Service Credit	Comment
Sheltered	Primary	11,878.92	950.32	12,098.12	0.32	QUESTIONABLE YEAR

Instructions for using Prior Year Salary Corrections:

1. Enter the actual earnings and full-time earnings and click "Submit" if replacing Sheltered
2. Click "Add Unsheltered" if adding additional earnings for the year.
3. Click "Delete Posting" if you need to delete a posting. Enter the combined full-time earnings on the sheltered line.
4. If you are adding Unsheltered earnings when adding Unsheltered, leave the Sheltered actual earnings box empty.

Sheltered: ☐

☐ Add Unsheltered:

Actual Earnings

14678.92

Full-Time Earnings

42750

Delete Posting ☐

Agency provided correct Full-time Earnings (amount if employee worked entire fiscal year as a full-time employee + any extra pays)

Agency entered correct Actual Earnings (fiscal year total)

EXAMPLE: Prior Year Salary Correction

- Agency must complete both the Salary Correction Comment and Salary Correction Full-Time sections.

The screenshot displays a salary correction form with two main sections: 'Salary Correction Comment' and 'Salary Correction Full-Time'. Each section includes instructions and fields for 'Reason' and 'Comment'. Annotations with arrows point to the 'Reason' drop-down menus in both sections, with the text 'Use Comment field or Reason drop-down menu'. A 'Submit' button is located between the two sections. The 'Salary Correction Comment' section shows a 'Reason' of 'Nov sales tax not reported' and a 'Comment' field. The 'Salary Correction Full-Time' section shows a 'Reason' of 'Worked 9/21/2016-1/2/2017; 9 Mon EE' and a 'Comment' field. Below the form, two expanded views of the 'Reason' drop-down menu are shown. The first expanded view for the 'Salary Correction Comment' section lists: 'Earnings reported in July but earned in June', 'Overstated Salaries/Contributions', 'Understated Salaries/Contributions', 'Audit Compliance', 'Date of Retirement Changed', and 'Sheltered/Unsheltered switch'. The second expanded view for the 'Salary Correction Full-Time' section lists: 'Full-Time not previously reported', '1st Year of Employment After DROP', '1st Year of Employment', 'Last Year of Employment', 'Official Leave (Other than Sabbatical)', 'Sabbatical at Reduced Pay', 'Extra Earnings', 'Workers' Compensation', 'Summer School Earnings', 'Full-Time Earnings Under/Over-stated', 'Part-time Employee', and 'Substitute Earnings'.

Salary Correction Comment

Instructions for using Salary Comment:

1. Select a reason for the correction.
2. A comment can be added for additional information needed to clarify the correction. The comment is optional unless a reason is not chosen in which case the comment is required.

Reason:

Comment:

Salary Correction Full-Time

Instructions for using Full-Time Comment:

1. Required for Primary when the Full-Time is different.
2. Select a reason for the full-time change.
3. A comment can be added for additional information needed to clarify the change. The comment is optional unless a reason is not chosen in which case the comment is required.

Reason:

Comment:

Submit

Salary Correction Comment

Instructions for using Salary Comment:

1. Select a reason for the correction.
2. A comment can be added for additional information needed to clarify the correction. The comment is optional unless a reason is not chosen in which case the comment is required.

Reason:

Comment:

Salary Correction Full-Time

Instructions for using Full-Time Comment:

1. Required for Primary when the Full-Time is different.
2. Select a reason for the full-time change.
3. A comment can be added for additional information needed to clarify the change. The comment is optional unless a reason is not chosen in which case the comment is required.

Reason:

Comment:

EXAMPLE: Prior Year Salary Correction

Prior Year Salary Corrections

SSN: 		Employer ID: BD	
Name: R		Fiscal Year: 2017	
System: 4			

Contribution Type	Employer Indicator	Actual Earnings	Contribution Amount	Full Time Earnings	Service Credit	Comment
Sheltered	Primary	11,878.92	950.32	12,098.12	0.32	QUESTIONABLE YEAR

Instructions for using Prior Year Salary Corrections:

1. Enter the actual earnings and full-time earnings and click "Submit" if replacing Sheltered data that has been posted for the year.
2. Click "Delete Posting" to delete the Sheltered posting for the year.
3. Click "Add Unsheltered" to open the Unsheltered line for editing. Enter the combined full-time earnings on the Sheltered line.
4. If you do not want to change posted Sheltered values when adding Unsheltered, leave the Sheltered actual earnings box empty.

Sheltered:

Actual Earnings

Full-Time Earnings

Delete Posting
☐

☐ Add Unsheltered:

Instructions for using 100% Switch:

1. To execute a 100% contribution type switch from Sheltered to Unsheltered, click the "100% Switch" box only.

☐ 100% Switch

Salary Correction Comment

Instructions for using Salary Comment:

1. Select a reason for the correction.
2. A comment can be added for additional information needed to clarify the correction. The comment is optional unless a reason is not chosen in which case the comment is required.

Reason: ▼

Comment: Nov sales tax not reported

Salary Correction Full-Time

Instructions for using Full-Time Comment:

1. Required for Primary when the Full-Time is different.
2. Select a reason for the full-time change.
3. A comment can be added for additional information needed to clarify the change. The comment is optional unless a reason is not chosen in which case the comment is required.

Reason: ▼

Comment: Worked 9/21/2016-11/2/2017; 9 Mon EE x


Submit

Rollover Earnings: Earnings Reported in July but Earned in June

- ▶ Due to biweekly pay, some June earnings will be reported on the first paycheck in July
 - ▶ These earnings are rollover earnings
- ▶ Earnings should be reported when earned, not when paid
 - ▶ You should perform a Contribution Correction to delete the rollover earnings from the current fiscal year and a Prior Year Correction to move the rollover earnings into the prior fiscal year

June Enrollments – No Earnings Posted; Prior Year Salary Correction Needed

- ▶ **Step 1:** *Contribution Correction* update (if current fiscal year) or *Prior Year Salary Correction* (if prior fiscal year) to delete \$ earned in June, paid in July from fiscal year following enrollment
- ▶ **Step 2:** *Prior Year Salary Correction* to add rollover amount deleted from step 1 to fiscal year of enrollment
 - ▶ Will need to provide full-time earnings member would have made had they worked July 1 – June 30



Teachers' Retirement System of Louisiana

August 8, 2019

03 - 8
Empr #0176

NORTHSHORE TECHNICAL COMMUNITY COLLEGE
65556 CENTERPOINT BOULEVARD
LACOMBE, LA 70445-0000

Re:
SSN:

Dear Employer:

Additional information is required in order to continue processing the above member's file. Please return this letter to TRSL with the information requested below along with your signature and date:

Please submit Prior Year Correction of earnings and contributions for FY 2019. Enrollment date was 06/17/2019 but no earnings were posted for the period worked from enrollment date to 06/30/2019. No Service Credit will be applied to Fiscal Year until correction has been submitted. If enrollment date is wrong, please provide TRSL with correct Enrollment Date on this form and returned to TRSL for correction.

Correct Enrollment Date if Applicable: _____

Signature _____ Date _____

If you have any questions, please contact Anthony Zeringue at (225) 925-6407.

Sincerely,

Employer Services Department
Teachers' Retirement System of Louisiana

Toll free (outside the Baton Rouge area): 1.877.ASK.TRSL (1.877.275.8775)
Teachers' Retirement System of Louisiana is an equal opportunity employer and complies with Americans with Disabilities Act.

OSUP Payroll Calendars - FY 2021

2021 OSUP CALENDAR

S	M	T	W	T	F	S
	3	4	5	6	7	8
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

S	M	T	W	T	F	S
	7	8	9	10	11	12
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

S	M	T	W	T	F	S
	7	8	9	10	11	12
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

S	M	T	W	T	F	S
	4	5	6	7	8	9
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

S	M	T	W	T	F	S
	2	3	4	5	6	7
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

S	M	T	W	T	F	S
	4	5	6	7	8	9
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

S	M	T	W	T	F	S
	1	2	3	4	5	6
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

S	M	T	W	T	F	S
	5	6	7	8	9	10
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

S	M	T	W	T	F	S
	3	4	5	6	7	8
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

S	M	T	W	T	F	S
	7	8	9	10	11	12
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

S	M	T	W	T	F	S
				1	2	3
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

- Payday
- Pay Checks free of Semi-Monthly Deductions
- Pay Period Ends
- △ State Holiday

OFFICE OF STATE UNIFORM PAYROLL
REV 08/19/2020

Year 2021 Pay Periods

Pay Period	From	To	Check Date	Insurance Month	AFS Posting
1	12/28/2020	01/10/2021	01/15/2021	February	01/13/2021
2	01/11/2021	01/24/2021	01/29/2021		01/27/2021
3	01/25/2021	02/07/2021	02/12/2021	March	02/10/2021
4	02/08/2021	02/21/2021	02/26/2021		02/24/2021
5	02/22/2021	03/07/2021	03/12/2021	April	03/10/2021
6	03/08/2021	03/21/2021	03/26/2021		03/24/2021
7	03/22/2021	04/04/2021	04/09/2021	May	04/07/2021
8	04/05/2021	04/18/2021	04/23/2021		04/21/2021
9	04/19/2021	05/02/2021	05/07/2021	June	05/05/2021
10	05/03/2021	05/16/2021	05/21/2021		05/19/2021
11	05/17/2021	05/30/2021	06/04/2021	July	06/02/2021
12	05/31/2021	06/13/2021	06/18/2021		06/16/2021
13	06/14/2021	06/27/2021	07/02/2021	August	*07/01/2021
14	06/28/2021	07/11/2021	07/16/2021		07/14/2021
15	07/12/2021	07/25/2021	07/30/2021	Free	07/28/2021
16	07/26/2021	08/08/2021	08/13/2021	September	08/11/2021
17	08/09/2021	08/22/2021	08/27/2021		08/25/2021
18	08/23/2021	09/05/2021	09/10/2021	October	09/08/2021
19	09/06/2021	09/19/2021	09/24/2021		09/22/2021
20	09/20/2021	10/03/2021	10/08/2021	November	10/06/2021
21	10/04/2021	10/17/2021	10/22/2021		10/20/2021
22	10/18/2021	10/31/2021	11/05/2021	December	11/03/2021
23	11/01/2021	11/14/2021	11/19/2021		11/17/2021
24	11/15/2021	11/28/2021	12/03/2021	January	12/01/2021
25	11/29/2021	12/12/2021	12/17/2021		12/15/2021
26	12/13/2021	12/26/2021	12/31/2021	Free	12/29/2021

* Indicates payroll posting completed on Thursday or Friday instead of the normal Wednesday.

Index 11.0: Retirement/DROP Processing

	EMPLOYER MANUAL <small>INDEX 11.0</small>
INDEX 11.0: Retirement/DROP Processing <small>Rev. 12/17</small>	
CONTENTS	
Service/ILSB retirement	
Deferred Retirement Option Plan (DROP)	
Entering DROP (DROP In)	
Changing employers during DROP	
Ending DROP	
Participation Report After DROP (DROP Out)	
Acknowledgement letters	
Confirming receipt via EMIS	
Employer request letters	
Questionable years letters	
10% or 15% cap letters	
Agency Certification (Form 11B)	
Common agency certification issues	
Agency certification discrepancy letter	
Employer checklists	
Frequently asked questions	

Whenever a TRSL-covered employee retires or enters DROP (Deferred Retirement Option Plan), TRSL will request the applicable employer(s) certify specific information in a timely manner so that we are able to accurately calculate the retirement benefits and promptly begin paying those benefits to the retiree.

This index provides employer information and instructions if a TRSL-covered employee submits an application for retirement or DROP.

Service/ILSB retirement

Each member who is eligible to retire and wishes to apply for Service retirement or Initial Lump Sum Benefit (ILSB) retirement must submit a completed [Application for Service Retirement, ILSB, or DROP](#) (Form 11) or apply online through Member Access no earlier than six months before the date of retirement. Both the member and employer should be certain that eligibility requirements have been or will be met by the anticipated retirement date prior to submitting an application for retirement or terminating employment.

Details on retirement eligibility, member application, and member documentation requirements are discussed in our [TRSL Member Handbook: Regular Plan, Plan A, & Plan B](#). For members who are interested in the ILSB retirement, additional information can be found in our member brochure, [Initial Lump Sum Benefit \(ILSB\)](#).

Although the employee is not required to have employer personnel review or approve their retirement application form, TRSL strongly encourages members to provide their employer with sufficient advance notice to ensure a smooth retirement transition and to coordinate the date of retirement with the employer.

Deferred Retirement Option Plan (DROP)

- Provides information and instructions for employer certifications needed when a member applies for retirement or enters DROP

Employer Certifications for Retirement/DROP Processing

- ▶ The following data is needed for each TRSL-covered employee who applies for retirement or DROP:
 - ▶ Certify all questionable years
 - ▶ Certify sick leave days used for all fiscal years of employment
 - ▶ Certify sick leave days paid at retirement
 - ▶ Complete *Agency Certification* after termination date and after all earnings & contributions are reported to TRSL
 - ▶ Complete Cap Exemption Letter (*if applicable*)

Updates	Submit Files	Log
Agency Certification (Form 11B)		
Annual Leave Update		
Contribution Correction		
Enrollments		
Full-Time Only Corrections		
Furlough Certification and Update		
Home Address Update		
ORP Salary Entry (up to 25 employees only)		
Prior Year Salary Corrections		
Questionable Year Certification		
Retiree Voluntary/Insurance Deduction		
Salary Contribution Entry (up to 25 employees only)		
Sick Leave Days Paid Update		
Sick Leave Add and/or Update		
Terminations		

Must have access rights designated on Form 1

Request Letters

- ▶ TRSL will request certain types of information when an application for retirement or DROP is received
 - ▶ Questionable Years
 - ▶ Agency Certification
 - ▶ Agency Certification Discrepancy
 - ▶ Sick Leave Days Used
 - ▶ Sick Leave Days Paid

Timeline for request letters:

- ▶ Initial Request: acknowledgment when application is received
- ▶ First Request: sent on member's retirement or DROP begin date
- ▶ Second Request: send approximately 45 days after First Request
- ▶ Final Request (warning letter): Sent approximately 30 days after Second Request
 - ▶ Employers have 15 **calendar** days to submit requested information

Agency Certification (Form 11B)

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
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Agency Certification (Form 11B)

Instructions: The employer must submit this information for a member of the Teachers' Retirement System of Louisiana (TRSL) who (1) enters DROP, (2) retires or (3) dies. The most recent employer(s) may not certify this information until after the last day for which the member will receive pay. Certification for members electing to participate in the Deferred Retirement Option Plan (DROP) may not be submitted until after the beginning date of the DROP participation. A second certification is required when the DROP participant ultimately terminates employment, which is referred to as DROP Out. Date of termination should be the last day of work or last day of leave. Salary information should reflect actual earnings and contributions for the current fiscal year through the date of termination or the day before DROP participation, if applicable. Certification of regular earnings should be for dates earned during the current fiscal year and must agree with the Contribution Reports submitted by the employer payroll department. The monthly Contribution Reports are the official reports of member earnings as provided by LSA-R.S. 11:888.

Member Information	
Member name	Social Security number
Employer	
Current Year Information (July 1 - June 30) - Complete for all retirements, DROP and deaths	
Date of termination - See Instructions	
Full-time earnings the member would have earned working the full year at 100% effort plus any additional pay received. Refer to the Employer Procedures Manual, Index 4.1, for more information. Do not include rollover earnings in the full-time earnings.	Full-time earnings \$
Rollover earnings earned in June (prior year), paid in July - amount of salary that is earned in June that would normally be paid in July.	Rollover earnings \$
Percent of effort (if part-time) - percent of time part-time member works. For example, the member works 4 hours out of an 8-hour day, 5 days a week, the percent effort would be 50%.	Percent effort %
Comment	
Electronic Signature <input type="checkbox"/> I understand that by submitting contributions posted on the transaction by electronic means	

Updates

Agency Certification (Form 11B)

Annual Leave Update

Contribution Correction

- ▶ Requested when a TRSL member retires or enters DROP
- ▶ Certifies member's termination date and service credit for the current fiscal year
- ▶ Available under Updates menu
 - ▶ Must have access rights designated on *Authorized Contacts* (Form 1)

Timeframe to Certify

- ▶ Employer must wait for all final earnings & contributions to post to TRSL **before** completing Agency Certification
- ▶ Verify on TRSL's Monthly Salary/ Contributions Screen

Members
Member Summary
Account History
Member Notations
Monthly Salary/Contributions
Annual Salary History
Benefit Payroll

Monthly Salary/Contributions					
System: 4 SSN: -			Name: JINDA J		
Fiscal Year: 2020			% Year Employed: 19.00%		
Primary Employer: SYS			Hide Contribution Corrections		
Month	Actual Earnings	Fulltime Earnings	Contributions	Exp	Rec
Jul	0.00	0.00	0.00	3	3
Aug	6,151.64	6,151.64	492.14	3	3
Sep	5,563.98	5,563.98	445.12	3	3
Oct	3,394.65	3,394.65	271.57	4	3
Nov				0	0
Dec				0	0
Jan				0	0
Feb				0	0
Mar				0	0
Apr				0	0
May				0	0
Jun				0	0
Total	15,110.27	15,110.27	1,208.83		

Contribution Corrections								
Month/Year	Type	Oper	Earnings	Contributions	Fulltime	Adjusted Earnings	Adjusted Contributions	Adjusted Fulltime
10/2019	30	R	3,394.65	271.57	3,394.65	612.66	49.01	612.66
Posted on 11/22/2019 by EMPR -								

Index 17.0: Leave Information

- Provides employer information and instructions for certifying a TRSL-covered employee's sick leave

**TRSL**

EMPLOYER MANUAL **INDEX 17.0**

INDEX 17.0: Leave Information *September 2018*

CONTENTS

- [Sick leave](#)
- [Certification of sick leave](#)
- [Sick leave add and/or update](#)
- [Direct upload in EMIS](#)
- [File transfer protocol \(FTP\)](#)
- [Summer school days & percent effort](#)
- [Reporting special cases](#)
- [Members on extended sick leave](#)
- [Members who participated in DROP](#)
- [Members who do not](#)

TRSL members' unused leave may be eligible for conversion to additional service credit at the time of their retirement. In order to calculate the leave conversion, TRSL requests all reporting agencies certify their employees' sick leave usage, number of sick leave days paid at retirement, and (if applicable) annual leave balances.

This index provides employer information and instructions for certifying a TRSL-covered employee's sick and annual leave information.

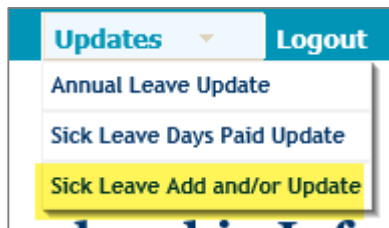
Sick leave

Employers certify the following sick leave information for each fiscal year (July 1 – June 30):

1. Certification of sick leave used
 - Months of contract (9, 10, 11, or 12)
 - Number of sick leave days used and (if applicable) number of summer school days worked with summer school percent effort
2. Number of sick leave days paid at retirement

Sick Leave Days Used

- ▶ Employers must certify sick leave information for each fiscal year (July 1 – June 30)
 - ▶ Months of contract (9, 10, 11, or 12) must be entered for each fiscal year
 - ▶ Number of sick leave days used
- ▶ OSUP submits annual sick leave file
 - ▶ May need to certify current fiscal year (if not closed)



Sick Leave Add and/or Update

SSN:
Name:

System: 4
Employer:

Procedures for using Sick Leave Add and/or Update:

1. Click 'Edit' or 'Add' in the first column to open the line for editing.
2. Enter the appropriate data and click 'Update'.
3. Click 'Cancel' to undo changes entered or to return to the initial display.
4. Click 'Delete' to remove data permanently.

NOTE: The certification of an authorized signer's personal TRSL member account must be completed by another authorized signer at the agency.

	Fiscal Year Ending	Months of Contract	Days Used	Summer School Days Worked	Summer School % Effort	Eligibility Indicator	Data Unavailable	Error Code	
Edit	1999	12	14.00	0.00	0	Y			Delete
Edit	2000	09	5.00	0.00	0	Y			Delete
Edit	2001	09	4.50	0.00	0	Y			Delete
Edit	2002	09	4.00	0.00	0	Y			Delete
Edit	2003	09	6.50	0.00	0	Y			Delete
Edit	2004	09	4.00	0.00	0	Y			Delete
Edit	2005	09	2.00	0.00	0	Y			Delete
Edit	2006	09	12.50	0.00	0	Y			Delete
Edit	2007	09	6.00	0.00	0	Y			Delete
Edit	2008	09	22.00	0.00	0	Y			Delete
Edit	2009	09	11.00	0.00	0	Y			Delete
Edit	2010	09	5.50	0.00	0	Y			Delete

ETA Specialists

- ▶ Employer Training/Assistance (ETA) Specialists can assist you with your training needs
- ▶ ETA Specialists can prepare customized trainings to be conducted online (webinar) based on your *Update Permissions* in EMIS and job duties

Sharon Lachney

- Email: sharon.lachney@trsl.org
- Phone: 225.925.4097 / 225.361.1482

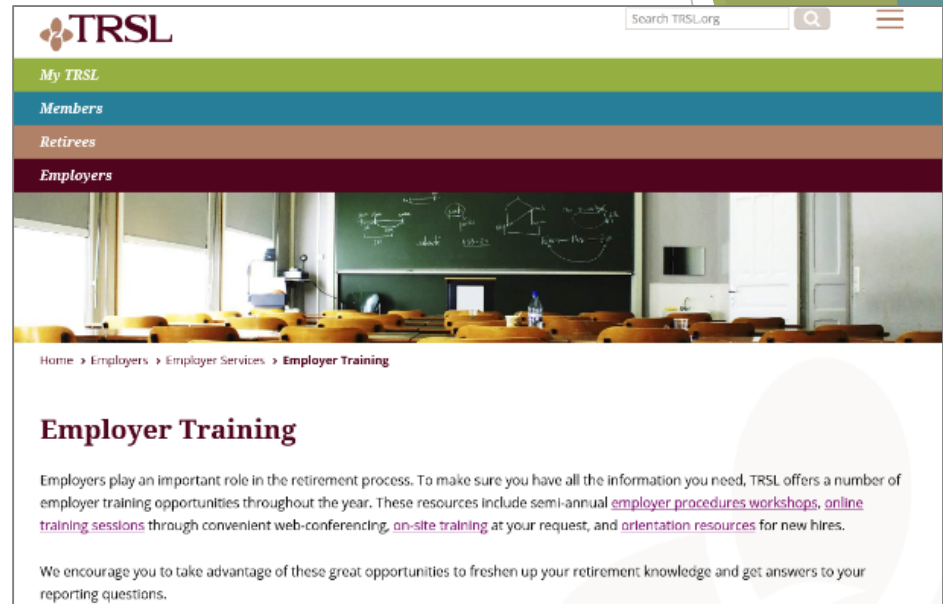
Heather Landry

- Email: heather.landry@trsl.org
- Phone: 225.925.7093 / 225.361.3482

Public Information Webinars

Upcoming topics:

- ▶ Social Security Offsets (4/14/2021)
- ▶ 2021 Legislative Updates (6/30/2021)



Online training sessions

- Topic-specific online training sessions are offered via **GoToMeeting** throughout the year.
- These meetings are particularly beneficial to new staff members who are responsible for reporting and certifications.
- Sessions begin at 10 a.m. and usually last about 30 minutes.
- Attendees receive an invitation with instructions on how to enter the online meeting site.

[Search Events](#)

Missed a webinar?

Click the icons below to view a PDF or watch a previously recorded webinar presentation. To view the webinar, you will need to provide your name and email address.

We Are Here For You!

Contact us...

- ▶ Local phone: 225-925-6446
- ▶ Toll free (outside Baton Rouge): 1-877-275-8775
- ▶ Website: www.TRSL.org
- ▶ Email: web.master@trsl.org

