



# Authorized Contacts

(Form 1) — Multiple pages accepted: Page \_\_\_ of \_\_\_

EO-1

rev. 01/22

OK to image

Employer ID (####)

## HOW TO SUBMIT:

### MAIL IN

8401 United Plaza Blvd, Ste 300  
Baton Rouge LA 70809

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

**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. **Personnel designated as authorized signers must sign the form in their respective sections.** Notify TRSL if a contact changes so that unauthorized personnel will not have access to TRSL records. Authorized signers should be familiar with the accuracy of the data as the employer will be responsible, under the provisions of LSA-R.S. 11:888(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. **This form is intended for changes/additions/deletions. You do not need to include all employees already on the list.**

### Section 1 — Agency information

Employer name	Agency website
Street address / PO box	City, state, 9-digit zip code
Telephone number (include area code)	Fax number (include area code)

### Section 2 — Personnel information (Must be an authorized signer to have access rights in addition to INQUIRY)

Name of designated personnel <b>1.</b>	Email address (REQUIRED)
Title	Telephone number (include area code)

Authorized signer? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>NOTE: If "NO" is checked, Inquiry is the only access right allowed.</small>	Check desired access rights from the following (See back of form for descriptions):
	<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 11B) <input type="checkbox"/> Retiree insurance deduction <input type="checkbox"/> File submission <input type="checkbox"/> Salary report (only employers with no more than 100 employees) <input type="checkbox"/> Home address update <input type="checkbox"/> Contribution correction <input type="checkbox"/> ORP salary report (only employers with no more than 100 employees)

Authorized signer's signature (Sign only if "YES" box checked above)	Date signed (mm/dd/yyyy)
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Name of designated personnel <b>2.</b>	Email address (REQUIRED)
Title	Telephone number (include area code)

Authorized signer? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>NOTE: If "NO" is checked, Inquiry is the only access right allowed.</small>	Check desired access rights from the following (See back of form for descriptions):
	<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 11B) <input type="checkbox"/> Retiree insurance deduction <input type="checkbox"/> File submission <input type="checkbox"/> Salary report (only employers with no more than 100 employees) <input type="checkbox"/> Home address update <input type="checkbox"/> Contribution correction <input type="checkbox"/> ORP salary report (only employers with no more than 100 employees)

Authorized signer's signature (Sign only if "YES" box checked above)	Date signed (mm/dd/yyyy)
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**To delete a previous designee, provide name(s) to be deleted below. Please complete a TRSL Employer Directory Contact (Form 1EDC) to designate a replaced directory contact.**

Name to be deleted	Name to be deleted	Name to be deleted
Name to be deleted	Name to be deleted	Name to be deleted

### Section 3 — 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)

Signature of superintendent/head of agency/agency head designee (DO NOT PRINT OR TYPE)	Date signed (mm/dd/yyyy)
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**For a description of online access rights, please see back of form.**

### What is an authorized signer?

Employer personnel designated as authorized signers are responsible for reporting, correcting, or certifying employee data to TRSL either online or by paper forms.

Authorized signers have the authority to sign TRSL forms requiring certification from the reporting agency, such as refund applications, Form 11B agency certifications, and service credit certifications that cannot be updated online. Employees designated with this authority must include their signature in the designated "Authorized Signature" fields on Form 1.

### EMIS access rights

<b>Inquiry (INQ)</b>	Offers view-only access
<b>Enrollments (ENR)</b>	Use to enroll new hires and retirees returning to work in TRSL-covered positions
<b>Sick/Annual Leave Update/ Corrections (SLU) Sick Lv</b>	Use to update employees' sick leave usage and sick days paid
<b>Annual Lv</b> (Higher ed and state agencies only)	Use to report annual leave balances
<b>Prior Year Certifications/ Corrections (PYC)</b>	Use to update actual earnings (gross earnable compensation), Full-Time Only, and Questionable Year Certifications for a closed out (or prior) fiscal year
<b>Terminations (TRM)</b>	Use to report employee's last day of work or last day of leave
<b>Agency Certification — Form 11B (AGC)</b>	Use to certify current year information for an employee who is retiring or entering DROP
<b>Retiree Insurance Deduction (INS)</b> (For non-Office of Group Benefits employers)	Use to report or update insurance deductions from retiree's benefit check
<b>File Submission (FSM)</b>	Use to upload required files/reports securely without encryption
<b>Salary Report (SAL)</b> (Only for employers with no more than 100 employees)	Use to report monthly salary and contributions during the current fiscal year
<b>Home Address Update (ADR)</b>	Use to update the mailing address for an active employee
<b>Contribution Corrections (CCR)</b>	Use to add, delete, or replace an employee's monthly actual and/or full-time earnings during the current fiscal year
<b>ORP Salary Report (ORP)</b> (Only for employers with no more than 100 employees participating in ORP)	Use to report monthly salary and contributions for ORP participants during the current fiscal year.