



Application for Purchase In-State Private / Charter School Service (Form 9E)

03-9E
rev. 12/23

| HOW TO SUBMIT: | DROP OFF or MAIL IN | EMAIL | FAX |
|----------------|---|----------------------------|----------------|
| | 8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809 | <i>web.master@trsl.org</i> | (225) 925-6366 |

Print in ink or type all entries except signatures. Submit application to TRSL at least six months in advance of applying for retirement or DROP. Section 1 must be completed by the applicant. Section 2 must be completed by the current employer. Section 3 must be completed by the employer for whom the service was rendered or by whom the leave was granted. The time frame for which service is to be purchased must be provided so that the employer can certify employment. Incomplete forms will be returned to the applicant.

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

| | | |
|--|------------------|--------------------------------------|
| Name: Last, first, MI, suffix (Jr., III, etc.) | | Social Security number (###-##-####) |
| Street address / PO box | City, state, zip | Date of birth (mm/dd/yyyy) |
| Daytime telephone (include area code) | Email address | |

Type of service to be purchased: In-state private In-state charter school that has *never* participated in TRSL

Period of time to purchase: From (mm/yyyy) To (mm/yyyy)

If you have additional service you wish to purchase, please list type of service (out-of-state, private school, other local/state governmental service, etc.) and name of employer where service was rendered. Please note that you must submit a separate application for each type of service to be purchased.

Type: _____ Employer: _____

There is a \$200 nonrefundable fee to calculate the cost of service credit purchases. This fee covers the cost for TRSL's actuary to provide you with one cost calculation. Additional cost calculations are \$50 each. The fee can be paid by personal check, cashier's check, certified check, or money order, made payable to the TEACHERS' RETIREMENT SYSTEM OF LOUISIANA, and should accompany this application.

| I would like the cost of purchasing: | Included in \$200 fee | Additional \$50 fee required |
|--------------------------------------|----------------------------------|----------------------------------|
| | Cost calculation #1: _____ years | Cost calculation #2: _____ years |

I hereby authorize the release of all information necessary to verify service to be purchased with Teachers' Retirement System of Louisiana (TRSL).

| | |
|--|-------------------|
| Applicant signature (DO NOT PRINT OR TYPE) | Date (mm/dd/yyyy) |
| | |

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

| | |
|------------------|--------------------------|
| Name of employer | TRSL agency number (###) |
| Street / PO box | City, state, zip |

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

| | | |
|---|-------|-------------------|
| Signature of certifying official (DO NOT PRINT OR TYPE) | Title | Date (mm/dd/yyyy) |
| | | |

Reverse also to be completed by employer(s)

Social Security number

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

| | | |
|------------------|---------------------------------------|--------------------------------|
| Name of employer | Daytime telephone (include area code) | Parish where school is located |
| Street / PO box | City, state, zip | |

Does the applicant have credit for this service under any supplemental retirement or pension plan which was funded wholly or partly from public funds other than Social Security? No Yes

If yes, please provide the name of the plan:

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

DO NOT list student employment. Louisiana law prohibits student employment service credit in TRSL. (LSA-R.S. 11:753)
DO NOT subtract paid sick leave from total days worked.

Certification of service rendered

| Fiscal year (7/1-6/30) | School or school district | Actual salary earned (if available) | **Full-time earnings (if available) | Hours worked per day | Hours in a full day | Months of employment | Days worked and/or days paid | Days per full contract year | Days of approved leave without pay |
|---|---------------------------|-------------------------------------|-------------------------------------|----------------------|---------------------|----------------------|----------------------------------|-----------------------------|------------------------------------|
| 8/16 - 6/30/2015 | XXXXX PSB | \$6,000 | \$12,000 | 7 | 7 | 9 | 90 | 180 | 90 |
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| Printed name of certifying official | | | | Email address | | | Phone number (include area code) | | |
| Signature of certifying official (DO NOT PRINT OR TYPE) | | | | Title | | | Date (mm/dd/yyyy) | | |

*If employment continues into the next fiscal year, use 6/30/xx as the end date of the former year and 7/1/xx as the begin date of the latter year to show continuous employment.
**Full-time earnings equal the salary that would have been earned had the employee worked the full year (including PIP, extra earnings, etc.)

Please return this form to the Teachers' Retirement System of Louisiana