



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

03-9E

rev. 07/26

HOW TO SUBMIT:	DROP OFF or MAIL IN	UPLOAD	EMAIL	FAX
	8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809	Scan and upload at www.TRSL.org	web.master@trsl.org	(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)

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

Parish where school is located

City, state, zip

☐ No ☐ Yes

If yes, please provide the name of the plan:

7

7

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 employ- ment	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
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)		

***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

PO Box 94123 • Baton Rouge, LA 70804-9123 • 1-877-ASK-TRSL (1-877-275-8775) • www.TRSL.org • web.master@trsl.org