

FOR OFFICE USE ONLY	FICA Status:
	<input type="checkbox"/> Subject
	<input type="checkbox"/> Medicare Only

HUMAN RESOURCES OFFICE RETIREMENT DOCUMENT I

Employee Name _____
(Please Print)

EMPLID _____
SSN _____

- Have you ever contributed to a Louisiana Public Retirement System (i.e., TRSL, LASERS, School Employees Retirement System, State Police, LA Optional Retirement Plan)?
 Yes No Name of System _____
- Did you withdraw your contributions when you left previous employment? Yes No
- Please indicate the position(s) you previously held or currently hold:

	YEARS EMPLOYED	EMPLOYER
<input type="checkbox"/> Teacher, Professor, Instructor	From _____ To _____	_____
<input type="checkbox"/> Custodian, School Bus Driver	From _____ To _____	_____
<input type="checkbox"/> School Food Service Worker	From _____ To _____	_____
<input type="checkbox"/> Other _____	From _____ To _____	_____
- If you are now a member of a Public Retirement System, please indicate how many years of service you currently have in that system. _____ years
- Are you retired from a Louisiana Public Retirement System? Yes No
 Which system? _____
 Date of retirement ____/____/____
- Have you ever or are you currently participating in the Deferred Retirement Option Plan (DROP)?** Yes No
 If yes, what is the Beginning date of DROP? ____/____/____ Ending date? ____/____/____

If you enter the DROP plan while you are employed (full time or part time) at Southeastern Louisiana University, it is imperative that you notify the Benefits Section of the Human Resources Office immediately. Failure of notification could jeopardize future retirement benefits.

PART-TIME FACULTY. PLEASE READ THE FOLLOWING STATEMENT:

I understand that if I am not teaching full time credit hours and am NOT currently enrolled in a Louisiana Public Retirement System (not currently employed by the State, i.e. Parish School System), vested in a Louisiana Public Retirement System or a member of a LA Optional Retirement Plan that I will contribute to Social Security (FICA).

PLEASE READ THE STATEMENT BELOW:

I have read and completed the Human Resources Retirement Document I and realize that this information is necessary to properly complete my employment file. I understand that incorrect information will cause my retirement classification to be reported incorrectly and may result in underpayment/overpayment of retirement contributions: federal and or state taxes and W-2 reporting.

Employee Signature _____
Date

Spouse Information *(If married, the following information is required)*

Name: _____ Date of Birth: ____/____/____
 SSN: _____ Date of Marriage: ____/____/____

FOR OFFICE USE ONLY	UNCLASSIFIED/FACULTY RETIREMENT	RETIRED RETIREE
	Check LASERS DB: <input type="checkbox"/> NIS <input type="checkbox"/> Vested <input type="checkbox"/> Active <input type="checkbox"/> DROP <input type="checkbox"/> Retired	<input type="checkbox"/> TRSL Online Enrollment
	Check TRSL DB: <input type="checkbox"/> NIS <input type="checkbox"/> Vested <input type="checkbox"/> Active <input type="checkbox"/> DROP <input type="checkbox"/> Retired	<input type="checkbox"/> LASERS Form 10-2
	<input type="checkbox"/> Enter in PS	<input type="checkbox"/> Other System
	<input type="checkbox"/> TRSL Online Enrollment	
	<input type="checkbox"/> ORP Form 16	
<input type="checkbox"/> LASERS Online Enrollment		

