

HUMAN RESOURCES OFFICE RETIREMENT DOCUMENT I

Employee Name _____
(Please Print)

EMPLID _____
SSN _____

1. 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 _____

2. Did you withdraw your contributions when you left previous employment? Yes No

3. 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 _____	_____

4. 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

5. Are you retired from a Louisiana Public Retirement System? Yes No

Which system? _____

Date of retirement ___/___/___

6. **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

	UNCLASSIFIED/FACULTY RETIREMENT	REHIRED RETIREE
FOR OFFICE USE ONLY	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"/> Enter in PS <input type="checkbox"/> TRSL Online Enrollment <input type="checkbox"/> ORP Form 16	<input type="checkbox"/> TRSL Online Enrollment <input type="checkbox"/> LASERS Form 10-2