



Teachers' Retirement System of Louisiana

Form 2 (04/02)

P.O. Box 94123
Baton Rouge, LA 70804-9123
Telephone: (225) 925-6446
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Enrollment Application/Employment Notification

Print in ink or type all entries except signatures. This form is designed for multipurpose use and for automated data entry by the Teachers' Retirement System of Louisiana (TRSL).

Section 1 - To be completed by applicant. Fields include: Name, Street / P.O. Box, City, state, zip, Daytime telephone, Evening telephone, Social Security number, Date of birth, Check one (Single, Married, Divorced, Legally separated, Widowed), Citizenship, Sex, Copy of birth certificate is attached or has been submitted.

Previous employment and membership information

1. Have you ever contributed to a Louisiana public retirement system? 2. Did you withdraw your contributions when you left previous employment? 3. Please indicate the position(s) you previously held: Position, Years employed, Employer. 4. If you withdrew retirement contributions before 1978, provide TRSL membership number if known. 5. If you contributed to another Louisiana public retirement system, do you wish to apply for reciprocal recognition of retirement credit between systems or actuarial transfer of funds and retirement credit to TRSL?

Applicant's signature (Do not print or type) Date signed (mm-dd-yyyy)

Section 2 - To be completed by employer

Name of employer Agency number Name of school Title of position

Employment Status: Full-time, Part-time, Unclassified. Applicant is being enrolled in: Regular Plan, Plan B. Basis of employment: 9 months, 10 months, 11 months, 12 months. Date of employment. For what percent of the first year will the applicant be employed?

Signature of employer's authorized representative (No facsimile accepted) Date signed (mm-dd-yyyy)

Title