



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																							
Name: Last, first, MI, suffix (Jr., III, etc.)		Social Security number																					
Street / P.O. Box		<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table>																					
City, state, zip		Date of birth																					
Daytime telephone () ()		____ / ____ / ____ mm-dd-yyyy																					
Evening telephone () ()		Copy of birth certificate is attached or has been submitted <input type="checkbox"/> Yes <input type="checkbox"/> No																					
Check one: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally separated <input type="checkbox"/> Widowed		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female																					
Citizenship: Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what type of visa do you possess? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No																					

Previous employment and membership information

1. Have you ever contributed to a Louisiana public retirement system? 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:

Position	Years employed	Employer
____ Teacher, professor, instructor	From _____ To _____	_____
____ Custodian, school bus driver	From _____ To _____	_____
____ School food service worker	From _____ To _____	_____
____ Other _____	From _____ To _____	_____

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? Yes No

Applicant's signature (Do not print or type)	Date signed (mm-dd-yyyy)
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Section 2 — To be completed by employer

Name of employer	Agency number <table border="1" style="display: inline-table; width: 80px; height: 20px; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
Name of school					
Title of position					

Employment Status		Date of employment ____ / ____ / ____ mm-dd-yyyy
<input type="checkbox"/> Full-time	Full-time equals _____ hours per day.	
<input type="checkbox"/> Part-time	Annual full-time earnings \$ _____	
<input type="checkbox"/> Unclassified (if applicable)	This employee will work _____ hours per week.	
Applicant is being enrolled in:	Basis of employment	For what percent of the first year will the applicant be employed? _____ %
<input type="checkbox"/> Regular Plan <input type="checkbox"/> Plan B	<input type="checkbox"/> 9 months <input type="checkbox"/> 10 months <input type="checkbox"/> 11 months <input type="checkbox"/> 12 months	

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