



Application for Reciprocal Recognition of Service

Print in ink or type all entries except signatures. **Application should be received by the Teachers' Retirement System of Louisiana (TRSL) at least six months in advance of applying for retirement or DROP.**

Incomplete or improperly certified forms are not acceptable for evaluation by TRSL and will be returned directly to the applicant.

I am a **current** member with at least six months of service credit in TRSL, and I request a reciprocal recognition of my creditable service currently held in TRSL and the retirement system(s) named below under the provisions of LSA-R.S. 11:142 and under the rules and regulations adopted by those retirement systems.

Section 1 — To be completed by applicant

Name: Last, first, MI, suffix (Jr., III, etc.)

Street / P.O. Box

City, state, zip

Social Security number

Daytime telephone
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Evening telephone
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E-mail address

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Reciprocating retirement system(s) in which you currently hold creditable service:

Applicant's signature (Do not print or type)

Date signed (mm/dd/yyyy)

Section 2 — To be completed by retirement system officials

Reciprocal recognition of service approved by:

Name of retirement system

Name of approving authority

Title

Authorized signature

Date signed (mm/dd/yyyy)

Name of retirement system

Name of approving authority

Title

Authorized signature

Date signed (mm/dd/yyyy)

Name of retirement system

Name of approving authority

Title

Authorized signature

Date signed (mm/dd/yyyy)

Name of retirement system

Name of approving authority

Title

Authorized signature

Date signed (mm/dd/yyyy)