Teachers' Retirement System of Louisiana
8401 United Plaza Blvd, Ste 300 • Baton Rouge, LA 70809-7017
P.O. Box 94123 • Baton Rouge, LA 70804-9123
Telephone: (225) 925-6446 • Fax: (225) 922-2522
www.trsl.org

Form 9 (08/07)
03-9

Application for Purchase of In-state 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.** Section 1 must be completed by the applicant. Section 2 must be completed by the current employer. Section 3 must be completed by the employer for whom the service was rendered or by whom the leave was granted. The time frame for which service is to be purchased must be provided so that the employer can certify employment.

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

Section 1 — To be completed by applicant

Type of service to be purchased:

- ☐ Official leave (must be active and contributing)
- ☐ Sabbatical leave
- ☐ Substitute teaching service
- ☐ Local / state governmental service: _____ (Position held)
- ☐ Nonpublic / private school service
- ☐ Other creditable service: _____

Period of time to purchase: From: _____ / _____ / _____ (mm-dd-yyyy) To: _____ / _____ / _____ (mm-dd-yyyy)

If you have additional service you wish to purchase, please list type of service and name of employer where service was rendered. Please note that you must submit a separate application for each type of service to be purchased.

Type: _____ Employer name: _____

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

Social Security number

Street / P.O. Box

City, state, zip

Date of birth (mm-dd-yyyy)
_____ / _____ / _____

Daytime telephone	Evening telephone	E-mail address
( )	( )	

The member making application will be required to pay a nonrefundable fee of $150 to TRSL's actuary. This fee may be paid by personal check, cashier's check, certified check, or money order, made payable to S.J. ACTUARIAL ASSOCIATES and should accompany this application. This fee will pay for two cost calculations. Additional cost calculations are $50 each. It can take several months to complete a cost process; therefore, it may be several months before the actuary fee payment is cashed.

I would like the actuary to compute the cost for purchasing: _____ years (first cost calculation) and

_____ years (second cost calculation).

I hereby authorize the release of all information necessary to verify service to be purchased with TRSL.

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

Section 2 — Certification to be completed by current employer

Name of employer | Employer number

Street / P.O. Box

City, state, zip

Current full-time earnings and all other earnings (PIP, overtime, extra pay, etc.) $_____

Signature of certifying official ▶	Title	Date signed (mm-dd-yyyy)

Reverse to be completed by employer(s)

Applicant's Social Security number | | | | | | | | | | | |

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Section 3 — To be completed by employer certifying service to be purchased

Name of employer

Daytime telephone
( )

Street / P.O. Box

City, state, zip

Parish where school is located

Does the applicant have credit for this service under any supplemental retirement or pension plan which was funded wholly or partly from public funds other than Social Security? ☐ Yes ☐ No If yes, please provide the name of the plan: _____

Source document(s): ☐ Official payroll records ☐ Official personnel records

DO NOT list student employment. Louisiana Revised Statute 11:753 prohibits student employment service credit in TRSL. **DO NOT** subtract paid sick leave from total of days worked.

Certification of service rendered / official approved leave (including sabbatical and LWOP)

Fiscal year (7/1-6/30)	School or school district	Actual salary earned (if available)	Full-time earnings (if available)	Hours worked per day	Hours in a full day	Months of employment	Days worked and/or days paid	Days per full contract year	Days of approved leave without pay
19 78 - 19 79	XXXXX PSB	$6,000	$12,000	7	7	9	90	180	90
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____ - ____									

Signature of certifying official ▶

Title

Date signed (mm-dd-yyyy)

*Full-time earnings equal the salary that would have been earned had the employee worked the full year (including PIP, extra earnings, etc.)

Please return this form to: Teachers' Retirement System of Louisiana
P.O. Box 94123
Baton Rouge, LA 70804-9123