PERS PAROCHIAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

SELECT THE PLAN THAT APPLIES:

☐ **PLAN A** ☐ **PLAN B**

EMPLOYER FORM – TO BE COMPLETED BY EMPLOYER

USE THIS FORM TO REQUEST ONE OF THE FOLLOWING – CHOOSE ONLY ONE OPTION

☐ Regular Retirement Benefit ☐ Disability Benefit ☐ Deferred Retirement Option Plan (DROP) ☐ Post-DROP

EMPLOYEE INFORMATION		
First:	Middle (or Maiden):	Last:
Social Security No. :	Date of Birth:	Telephone:
Address:	City, State, Zip:	
Email Address:		
Employer:	Department:	

TO BE COMPLETED BY EMPLOYER	
Employee's Continuous Service Started on:	Date:
DISABILITY ONLY - Employee will have used all Accumulated Annual Leave on:	Date:
Last Day on Parish Payroll **(N/A for DROP)**:	Date:
Effective Date of Benefit (Retirement/DROP to Commence):	Date:

Unused & Unpaid Accumulated Leave for Conversion to Retirement credit = _____days.

***********LEAVE RECORDS MUST BE INCLUDED***********

OVERTIME PAY- LIST THE AMOUNT OF OT BY MONTH FOR THE 7 YEARS BEFORE RETIREMENT DATE

Specify year here>>>>>>>>	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7 (current)
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							

Did the member have ANY leave without pay since the date of hire? ☐ YES ☐ NO

If yes, provide the number of hours and time periods the leave without pay occurred below.

_____

_____

_____

Signature of Applicant Date

_____

Name and Title of Appointing Authority Submitting This Form

_____

Signature of Employer Date

Actuarial Approval:

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