PAROCHIAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

MUST BE INCLUDED:
Proof of Gross Earnings.

ACT 8 OF 1988
SERVICE CORRECTION REQUEST
(NOT PROPERLY ENROLLED WHEN EMPLOYMENT BEGAN)

MEMBER INFORMATION			
Name:		Social Security No. :	
Address:		Date of Birth:	
City:	State:	Zip:	Parish:
Email Address:		Phone Number:	

Name of Employer:	
Date Employment Began:	Current Occupation:
Number of hours per week currently employed:	
DATE OF SERVICE FOR WHICH REQUEST IS MADE:	
From:	**To:**
Occupation during this time:	
Number of hours per week employed during this time:	
Reason not enrolled in retirement system during this time:	
*Gross Earnings for this time (MONTHLY): **MUST PROVIDE PROOF OF EARNINGS**	
Name and Title of Official Verifying Employment:	
Employer Email Address:	
Name and Title of Official Verifying Earnings:	

I HERBY CERTIFY that the above information is true and accurate to the best of my knowledge and understanding and I understand that any false information may result in a denial of this request.

_____ _____
Signature of Employee **Date**

I HEREBY CERTIFY that the above information is true and accurate to the best of my knowledge and understanding

_____ _____
Signature of Chief Executive Officer **Date**

7905 WRENWOOD BOULEVARD | BATON ROUGE, LA 70809 | TEL 225-928-1361 | FAX 225-923-0933