

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 Retir Benefit		Disability Benefit Deferred F Option Pl									
EMPLOYEE INFORMATION											
First:		Middle (c	or Maiden):				Last:				
Social Security No.	:	Date of Birth: Telep					Telephone	phone:			
Address:		City, State, Zip:									
Email Address:											
Employer:		Department:									
TO BE COMPLETED BY EMPLOYER											
Employee's Continuous Service Started on:								Date:			
<b>DISABILITY ONLY</b> - Employee will have used all Accumulated Annual Leave on:								Date:			
Last Day on Parish Payroll (N/A for DROP):								Date:	Date:		
Effective Date of	Effective Date of Benefit (Retirement/DROP to Commence):							Date:	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	Year 1	Year 2	Year 3	Year 4	4	Year	· 5	rear 6	Year 7 (current)		
here>>>>>>									, ,		
January											
February											
March				1							
April			1	†							
May			1	†							
June											
July						†					
August			+								
September			+	†		†					
October			+	†		†					
November			+	†		1					
December			+	†		†					
	nave ANY leave v	without pa	v since the date	⊥ e of hire?	)	Υ!	ES		NO		
Did the member have ANY leave without pay since the date of hire?  If yes, provide the number of hours and time periods the leave without pay occurred below.											
				Act	 uaria	al Approv	val:				
Signature of Applica	nt		Date								
Name and Title of A	ppointing Authorit	y Submittir	ng This Form								
Signature of Employ			Date								