



LOUISIANA SCHOOL EMPLOYEES'
RETIREMENT SYSTEM

Date: July 31, 2018
To: Superintendents of All Schools Covered by LSERS
From: Charles P. Bujol, Executive Director *cpl*
Subject: LSERS Annual Privatization Questionnaire

As you begin the new school year, please keep in mind that changes in employment within your school system can affect the employer contributions your system must make to LSERS.

Back in 2008, the legislature enacted La. R.S. 11:1195.2. That law provides that if your school system eliminates an LSERS position through privatizing, outsourcing, contracting the service with a private employer, or any other means, then your system must pay the Unfunded Accrued Liability (UAL) attributable to the position your system eliminated.

To ensure your compliance with the provisions of La. R.S. 11:1195.2, we ask that you please complete, sign, date, and return this form by email to ljordan@lsers.net or by fax, **on or before October 1, 2018.**

Please answer each question below:

1. Have any positions that contributed to LSERS in the 2017-18 school year been eliminated or abolished?
 YES NO
2. If you answered "YES" to question # 1, were the maintenance, custodial, or transportation services privatized, outsourced, or contracted with a private employer?
 YES NO
3. Did your school system privatize, outsource, or contract with a private employer for maintenance, custodial, or transportation services during 2017-18 for positions that had been eliminated or abolished due to budget cuts or reduction in force in previous years?
 YES NO
4. Does your school system anticipate privatizing, outsourcing, or contracting with a private employer for maintenance, custodial, or transportation services during the course of the 2018-19 school year?
 YES NO

If you answered "YES" to question 2 or 3, please provide, on a separate sheet, the following information on each LSERS member whose position was eliminated: (1) member name, (2) date of birth, (3) annual salary when the position was eliminated, and (4) date the position was eliminated.

I certify that the information submitted above is true and correct to the best of my knowledge.

Superintendent's Name: _____ Signature: _____

School System: _____ Date: _____

Thank you for your assistance. Please contact our office if you have questions or need additional information.

CPB/l tj