



8660 United Plaza Blvd. (70809), P.O. Box 44516, Baton Rouge, Louisiana 70804-4516
 Phone: 225.925.6484, Toll-free: 1.800.256.3718, Fax: 225.922.1001, www.lasers.net

LOUISIANA SCHOOL EMPLOYEES'
 RETIREMENT SYSTEM

Report on Workers' Compensation

Please type or print in ink all entries except signatures. Complete for all years in which the member received Workers' Compensation.

Member Name: _____ Job Title: _____ Social Security #: _____

Fiscal Year	# of Days Equal to a Full Year	Regular Salary for a Full Year	# of Days Actually Worked	Salary Actually Earned	# of Days Paid for Sick Leave	Amount of Sick Leave Paid	# of Days Paid Worker Comp	Amount of Worker's Comp Paid Member

Date employee was first paid Workers' Comp: _____ Employer name: _____
 Salary at time of qualification for W/C \$ _____ Telephone #: (____) _____ Date: _____
 Amount of Workers' Comp benefit/monthly \$ _____ Certified by: _____