



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

Form 5
1/13

LOUISIANA SCHOOL EMPLOYEES'
RETIREMENT SYSTEM

Service Credit Verification

Use this form for verification of service performed on a normal, full-time basis only. Use additional forms if necessary.

Use Form 5-PT for verification of service performed on a part-time basis.


Use Form 5-WC for verification of service for years in which workers' compensation was paid.

Section 1 - Member Information

Last Name	First Name	Middle Initial	Suffix (Jr., III, etc.)	Social Security Number
-----------	------------	----------------	-------------------------	------------------------

Section 2 - Verification of Service Performed

Fiscal Year Enter as YYYY-YY or YYYY-YYYY	Number of Days Actually Worked	Number of Days Equal to a Full Year	Salary Actually Earned (Must Agree with Checklist)	Salary Would Have Earned for a Full Year

Signature of Agency Representative (Do not print or type) 		Title of Agency Representative	
Agency Name	Telephone Number	Date Signed (MM/DD/YYYY)	