



LOUISIANA SCHOOL EMPLOYEES'
RETIREMENT SYSTEM

Date: July 1, 2020
To: Superintendents of All Schools Covered by LSERS
From: Charles P. Bujol, Executive Director *CPB*
Subject: LSERS Annual Privatization Questionnaire

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

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 entity, or any other means, your system must pay the Unfunded Accrued Liability (UAL) attributable to the position eliminated.

To ensure your compliance with the provisions of [La. R.S. 11:1195.2](#), please complete *each question* below, sign, date, and return this form by email to ljordan@lsers.net or by fax **on or before October 1, 2020**.

1. Have any positions that contributed to LSERS in the 2019-20 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 entity?
 YES NO
3. Did your school system privatize, outsource, or contract with a private entity for maintenance, custodial, or transportation services during 2019-20 school year for positions that had been eliminated or abolished due to budget cuts or reduction in force in previous years?
 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.

Visit our online [Privatization Cost Estimate Calculator](#) via your employer access to generate an estimate of the UAL cost if your school system anticipates privatizing, outsourcing, or contracting with a private employer for maintenance, custodial, or transportation services.

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/ljr