



PRINT ALL INFORMATION
www.lasersonline.org

P.O. Box 44213, Baton Rouge, LA 70804-4213
225.922.0600 · Toll-Free 1.800.256.3000
Fax 225.935.2856

Certification of Unused Annual and Sick Leave (La. R.S. 11:424)

Member's First Name	Middle Name	Last Name	Today's Date	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

IMPORTANT: Complete the entire form. Follow the specific instructions for each section. All dates should be in MM/DD/YYYY format.

SECTION 1: GENERAL INSTRUCTIONS

Provide leave balances as of the termination date. **DO NOT** include any unused leave which will be paid upon termination, such as the 300 hours of unused annual leave. This form must be forwarded to LASERS immediately following the date of termination.

If the member has a break in service, the member must contribute to the system for at least 18 consecutive months after the reemployment date to be eligible to convert the unused sick and annual leave to retirement credit or lump sum payment.

SECTION 2: LEAVE BALANCES

Leave Without Pay Date (if applicable) <input type="text"/>	Unused Accumulated ANNUAL "A" leave	Hours <input type="text"/>	=	Days <input type="text"/>
Date of Termination <input type="text"/>	Unused Accumulated SICK "B" leave	Hours <input type="text"/>	=	Days <input type="text"/>

I certify that the amounts listed above do not include any amount of annual leave which was paid upon termination, if applicable.
Initials

SECTION 3: AGENCY SIGNATURE AND CERTIFICATION

I hereby certify that the balances of the unused leave shown above are correct as of the termination date and have been accrued at rates established by Civil Service.

Name of Personnel Officer <input type="text"/>	Name of Agency <input type="text"/>	Title <input type="text"/>
Personnel Officer Email Address <input type="text"/>	Daytime Area Code/Phone Number <input type="text"/>	
Signature of Personnel Officer <input type="text"/>	Date <input type="text"/>	