



DO NOT FAX FORM  
 PRINT ALL INFORMATION  
 www.lasersonline.org

P.O. Box 44213, Baton Rouge, LA 70804-4213  
 255.922.0600 · Toll-Free 1.800.256.3000

### Postsecondary Employee Furloughs

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: MEMBER'S INFORMATION

Member's Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Daytime Area Code/Phone Number	Evening Area Code/Phone Number	E-mail Address	Member's Birth Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### SECTION 2: PLEASE READ AND COMPLETE IMPORTANT INFORMATION

La. R.S. 11:163.1 provides that any member of LASERS employed at a public college or university or by the governing board or management board of a public college or university and who is involuntarily furloughed without pay, or who voluntarily participates in such a furlough plan implemented as a result of budget reductions, shall have the option of accruing service credit for any period of such furlough. Service credit accrued pursuant to this section shall be used for calculation of benefits and for eligibility for retirement. Service credit for furlough days accrues upon the receipt of payment of employee and employer contributions based on the salary that the member would have been paid if not for the furlough. If the employee or employer contributions are not reported on the monthly payroll, after 30 days these contributions will be considered delinquent and interest will be owed.

I understand that I may request my agency remit contributions on my behalf for up to 30 days of furlough time in a fiscal year. **I understand that a maximum of five years (inclusive of furlough time, leave without pay, Air Time, and USERRA) of service may be purchased for time not actually worked and I certify that this furlough time does not cause me to exceed that limit.** I understand that requesting remittance of contributions on this furlough time may impact my ability to purchase time in the future. I understand that service credit with LASERS is "rounded" and that the rounding process may accomplish the same purpose as the purchase of this time. I also understand that if I elect not to remit contributions and receive service credit for the days I am furloughed and later wish to do so, I will have to purchase these days under the provisions of La. R.S. 11:163 which is an actuarial calculation.

NOTE: If you have been furloughed for over 30 days in any fiscal year, you may be entitled to purchase the additional days under La. R.S. 11:163. To apply to purchase this service, you must submit Form 2-10, *Application for Purchase of Leave* to LASERS.

Indicate which of the following purchases of service you have completed with LASERS by checking the appropriate box:

- Leave Without Pay
- Air Time A (Computation and Eligibility)
- Air Time B (Computation only)
- USERRA
- I have not completed any purchases of service

You must select one of the following two options:

           I elect to continue my contributions and the accrual of service credit for the days in which I am furloughed without pay  
Initial during the current fiscal year.

           I elect NOT to continue my contributions and the accrual of service credit for the days in which I am furloughed  
Initial without pay during the current fiscal year.

By completing this form, I understand that I am electing to continue or not continue contributions and the accrual of service credit, as applicable, for up to 30 days of furloughed time. I hereby release and authorize the release of any information from my employer which is necessary to certify this service credit. I have read and understand this application and certify, to the best of my knowledge, all information is true and correct. I understand that an incomplete application will be returned and that it will delay the process.

Member's Signature

Date

### SECTION 3: AGENCY INSTRUCTIONS AND CERTIFICATION

You are required to report the days that the member will be on furlough. If you submit a monthly electronic FTP report to LASERS, you must report the furlough information on your regular monthly ACR report. If you are a manual reporting agency, the information must be reported through Employer Self-Service, Employer Reporting.

You will need to provide the following information:

Furlough Begin Date

Furlough End Date (if known)

Total hours the member was on furlough for each pay period

By signing below, you certify that the information is correct and that contributions will not be made on more than 30 days of furlough time.

Name of Personnel Officer

Name of Agency

Title

Mailing Address

City

State

Zip Code

Signature of Personnel Officer

Date

Daytime Area Code/Phone Number