



PRINT ALL INFORMATION
www.lasersonline.org

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Fax 225.935.2856

Enrollment Information

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"/>

SECTION 1: ENROLLMENT INFORMATION

Hire/Enrollment Date	Employee Classification:	<input type="checkbox"/> Classified	Employee Position Title
<input type="text"/>	<input type="checkbox"/> Unclassified		<input type="text"/>

Retirement Plan

Employment Type:

Regular/Probational Job Appointment Temporary Intermediate/WAE

Emergency Restricted

Intended duration of position, if other than Regular/Probational. Enter employment begin and end dates:

Begin Date	End Date
<input type="text"/>	<input type="text"/>

Hours Worked: Greater than 20 hours per week Less than or equal to 20 hours per week

Work Period: 9 months 10 months 12 months

SECTION 2: AGENCY CERTIFICATION

Name of Personnel Officer	Title	Name of Agency	Agency 3 digit Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Personnel Officer Email Address	Daytime Area Code/Phone Number
<input type="text"/>	<input type="text"/>

Signature of Personnel Officer	Date
<input type="text"/>	<input type="text"/>