Form 02-10 R012024

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## Application for Purchase of Leave (La. R.S. 11:163)

Member's First Name	Middle Name	Last Name	Today's Date	Social Security Number
IMPORTANT: Complete the entir	e form. Follow the s		section. All dates should be in 1	
SECTION 1: MEMBER'S IN	•			
Member's Mailing Address		City	Sta	te Zip Code
Daytime Area Code/Phone Numb	er Evening Area	Code/Phone Number Er	nail Address	Member's Birth Date
SECTION 2: INSTRUCTION	NS			
Check one of the following option	ıs:			
I wish to purchase service and or a gubernatorially declared o			ly furloughed due to the tempo	orary closure of my employer
I wish to purchase service cred	lit for each day that I	was placed on or voluntaril	y took <b>leave without pay</b> .	
You must pay a nonrefundable fee check, certified check, or money o all checks returned due to insuffic	rder made payable t			
Indicate which LASERS plan appl	ies to you by checki	ng the appropriate box belo	ow:	
Regular Member, hired prior to	July 1, 2006			
Regular Member, hired betwee	n July 1, 2006 and De	ecember 31, 2010		
Regular Member, hired betwee	n January 1, 2011, an	d June 30, 2015		
Regular Member, hired on or a	fter July 1, 2015			
Bridge Police Employee for the	Crescent City Conne	ection (DOTD), hired prior t	o January 1, 2011	
Correctional Officer, Security P hired prior to January 1, 2011	ersonnel, or Probatio	on & Parole Officer employe	d by the LA Department of Pul	olic Safety & Corrections,

			Social Security Number
Peace Officer, hired prior to January 1, 2011			
Alcohol & Tobacco Control Agent employed by	the Louisiana Department of Reve	nue, hired prior to January 1, 2	2011
Wildlife Agent employed by the Enforcement D	Division of the LA Wildlife & Fisher	ies Commission, hired prior to	January 1, 2011
Udge or Court Officer, pre January 1, 2011			
Law Clerk (Current) Law Cler	rk (Past)		
Udge elected after January 1, 2011			
Legislator, Clerk, or Sergeant-at-Arms of the Ho Governor; or State Treasurer, hired prior to Janu		ant-at-Arms of the Senate; Gov	ernor; Lieutenant
Hazardous Duty Services Employee (HAZ PLA	aN)		
SECTION 3: MEMBER SIGNATURE			
I hereby authorize the release of any information read and understand this application and certify, tincomplete application will be returned and that it credit as a result of the purchase of this leave.	to the best of my knowledge, all in	formation is true and correct.	I understand that an
I will hold Foster and Foster Actuaries and Consu State Employees' Retirement System.	ltants harmless for any calculation	s based upon erroneous data	supplied by the Louisiana
Initial this box to have your invoice securely emaile	ed to you. You will also receive a co	py in the mail.	
Member's Signature		Date	
SECTION 4: EMPLOYMENT CERTIFICA	ATION (To be completed by	employer certifying ser	vice to be purchased)
Name of Employer		Daytime Area Code/Phone	Number
You must submit Form 2-10B, Breakdown of Conti period of service.	ributions for Service Credit to be Pu	urchased, for employment info	ormation during this
SECTION 5: AGENCY SIGNATURE AN	D CERTIFICATION		
Name of Personnel Officer	Name of Agency	Title	
Personnel Office Email Address		Daytime Area Code/Phor	ne Number
Signature of Personnel Officer	Date		