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## Breakdown of Contributions for Service Credit to be Purchased

Member's First Name	Middle Name	Last Name	Today's Date	Social Security Number

### SECTION 1: EMPLOYMENT INFORMATION (To be completed by agency)

Period Start Date	Period End Date	Calendar Year (please use a separate form for each calendar year)

	Correct Base	Correct Earnings	EEs Required	ERs Required	EEs Actually Paid	ERs Actually Paid
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
<b>Total</b>						

### SECTION 2: AGENCY SIGNATURE AND CERTIFICATION

Name of Personnel Officer	Name of Agency	Title
Personnel Officer Email Address	Daytime Area Code/Phone Number	Agency Three Digit Number
Signature of Personnel Officer	Date	