

# Louisiana Assessors' Retirement Fund

## Employee Salary and Contribution Certification Form For Final Retirement/Back-DROP/Disability Benefit Calculations

\_\_\_\_\_  
Name of Employee

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Parish

\_\_\_\_\_  
Date of Retirement (1<sup>st</sup> day after last working day)

In order to properly compute the benefits (especially with regard to the final average compensation) of the named employee, the retirement fund must be provided the salary and contribution information through the date of termination. Please provide the expected salary and contribution for each period since the last salary/contribution reported to the retirement office through the date of termination in the chart below.

Note: Retirement Benefit Calculations will be based on the information you provide below. Should the final months of earnings/contributions change prior to retirement, benefits will be recalculated, at a cost to the member/employer.

Monthly Payroll Period	Description	Earnings/Salary	8 % Contribution
	Monthly Earnings/Salary	\$	\$
		\$	\$
		\$	\$
		\$	\$

I certify that the information provided in this form is the best information available at this time. I additionally certify that the reported salary **does not** include deferred compensation match, bonuses, overtime, clothing or automobile allowance, severance pay, or payments made in lieu or unused annual or sick leave.

\_\_\_\_\_  
Signature of Assessor or Employer's Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Assessor or Employer's Representative

# Louisiana Assessors' Retirement Fund

## Pay Schedule and Leave Without Pay Certification Form For Final Retirement/Back-DROP/Disability Benefit Calculations

\_\_\_\_\_  
Name of Employee

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Parish

\_\_\_\_\_  
Date of Retirement (1<sup>st</sup> day after last working day)

In order to properly assess service credit for the above-named employee, we need a certification from the employer related to the following:

### 1. Pay Schedule

Provide the current pay schedule and any past schedules in your office. Describe the dates in which employees receive a paycheck and the days covered in the pay period.

Once a month, on the \_\_\_\_\_, covering \_\_\_\_\_.

Twice a month, on the \_\_\_\_ and \_\_\_\_, covering \_\_\_\_\_ and \_\_\_\_\_.

Bi-weekly, paid every \_\_\_\_\_, covering \_\_\_\_\_.

Other pay schedule: \_\_\_\_\_.

Effective dates of pay schedules: \_\_\_\_\_.

(Provide dates in which Employer/Assessor changed pay schedules)

### 2. Leave without Pay

Provide any periods of time, since the member's first date of employment, in which there was leave without pay. Record the number of hours or days in which the member was not paid a full paycheck or their paycheck was docked.

Month/Year	Certify the hours/dates missed

As a representative of the above member's employer, I hereby certify that the information provided on this form is the best information available at this time.

\_\_\_\_\_  
Signature of Assessor or Employer's Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Assessor or Employer's Representative