



**REQUIRED DISCLOSURES FOR TRANSFERRING OR REHIRED STATE EMPLOYEES**

**SECTION 1: EMPLOYMENT AT ANOTHER LOUISIANA STATE AGENCY**

Do you currently hold a position at any other Louisiana state agency?  YES  NO

*If Yes, please provide the names of any such agencies, the positions held, and the dates employed:*

Have you ever previously held a position at this or any other Louisiana state agency?  YES  NO

*If Yes, please provide the names of any such agencies, the positions held, and the dates employed:*

**SECTION 2: MEMBERSHIP IN A STATE RETIREMENT SYSTEM**

Have you ever paid into any Louisiana state retirement system?  YES  NO

*If Yes, please select which system:*

- Teachers Retirement System of Louisiana (TRSL)
- TRSL Optional Retirement Plan (ORP) *[please specify which one]:*
  - VALIC       VOYA (ING)       TIAA-CREF       Other: \_\_\_\_\_
- Louisiana State Employees Retirement System (LASERS)
- Other Louisiana State Retirement System: \_\_\_\_\_

**SECTION 3: RETIREMENT OR WITHDRAWAL FROM A STATE RETIREMENT SYSTEM**

Are you currently drawing a retirement from any Louisiana state retirement system?  YES  NO

*If Yes, please indicate which system:* \_\_\_\_\_

*Date of Retirement:* \_\_\_\_\_

Have you ever requested a refund from any Louisiana state retirement system?  YES  NO

*If Yes, please indicate which system:* \_\_\_\_\_

*Date of Withdrawal:* \_\_\_\_\_

**Please be advised that all employees are required to disclose their current status with any Louisiana state retirement system. Additionally, it is the employee’s responsibility to monitor his/her earnings limit as required by his/her particular retirement plan. Questions regarding any limitations to earnings should be directed to the Benefits Manager in the Office of Human Resources, and/or directly to the Retirement System.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Form 2200/004 (12/14)