

Employment Update for Re-hires

I understand that it is my responsibility to notify my employer of any changes in the following areas:

Do you need to update your personal information?

- | | | | |
|---|---|--|---------------------------------------|
| <input type="checkbox"/> Name Change | <input type="checkbox"/> Address | <input type="checkbox"/> City, State, or Zip | <input type="checkbox"/> Phone number |
| <input type="checkbox"/> Education Change | <input type="checkbox"/> Current Employment | <input type="checkbox"/> Tax Status | |
| <input type="checkbox"/> Criminal Record | <input type="checkbox"/> Citizenship Status | <input type="checkbox"/> Military Status | |
| <input type="checkbox"/> Direct Deposit | | | |

****Please note that if you elect to change personal information (i.e. name, address, etc) or are an active member of Teacher's Retirement System of Louisiana, the Human Resources office will contact you about filling out additional paperwork.**

Signature

Date

Our Policy

Bossier Parish Community College adheres to a policy of non-discrimination in employment based on race, color, creed, sex, or national origin. Bossier Parish Community College is an Equal Opportunity/Equal Access Employer.

Retirement Information

Completion of this form is required in compliance with LA Revised Statutes 11:443, 11:707, & 11:737.

Name of Employee

Social Security Number

Name of Employee

Social Security Number

Are you a retiree of ANY retirement system?

YES (go to section A)

NO (go to section B)

Section A:

I am a retiree of the _____ system.

I was in the DROP program prior to retiring. YES NO

I am currently a member of DROP. Date DROP began: _____.

****Please note - If hired for a position other than Academic Adjunct - A TRSL Return to Work Retiree, who has not worked as a Return to Work Retiree prior to July 1, 2010, will have TRSL Benefits suspended for the duration of employment. In addition, please refer to TRSL guidelines regarding the 25% earnings cap for RTW Adjunct Instructors. Please initial as acknowledgement of understanding of this statement:**

Section B:

I am currently a member of the following retirement system:

- Teacher's Retirement System of Louisiana System
- Louisiana Employees' Retirement System (LASERS)
- Social Security
- Other (please specify) _____