

MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA  
7937 OFFICE PARK BOULEVARD, BATON ROUGE, LOUISIANA 70809

**SALARY EVALUATION FORM**  
**USE THIS FORM TO REQUEST ONE OF THE FOLLOWING**  
**THIS FORM MUST BE ATTACHED TO APPLICATION**

RETIREMENT BENEFIT  
DEFERRED RETIREMENT OPTION PLAN (DROP)

SURVIVOR BENEFIT  
DISABILITY BENEFIT

\_\_\_\_\_  
Name of Member \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_ Is member a Marshal or Deputy Marshal? Yes No

Termination Date (N/A for DROP) \_\_\_\_\_ Retirement/DROP Effective \_\_\_\_\_

Employee's Highest **60** Consecutive or Joined Months of Earnings

Start Date	End Date	No. Of Months	Regular Earnings-Excluding Overtime
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**Did the member have any breaks in service credit since the date of hire?**

**Yes**      **No**      If yes, list any breaks in service below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Member \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Appointing Authority \_\_\_\_\_ Date \_\_\_\_\_