



CONVERSION OF LEAVE

R.S. 11:1755E

MEMBER'S INFORMATION

First Name:	Middle Initial:	Last Name:	Last 4 Digits of SSN:
Mailing Address:			Date of Birth:
City:	State:	Zip Code:	
Phone Number:	Email Address:		

EMPLOYER CERTIFICATION

Name of Employer:
Date of Termination:
I hereby certify that the above named member has _____ days of unused annual and sick leave as of the termination date listed above.

An invoice for the amount of converted leave will be sent to the employer. Payment must be received from the employer before the benefit payment to the retiree is adjusted by MERS for leave conversion service.

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Signature of Clerk or Designated Representative

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Date of Signature

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