

**Municipal Employees' Retirement System of Louisiana**  
7937 Office Park Boulevard, Baton Rouge, LA 70809  
225-925-4810 / Toll Free 1-800-820-1137 / Fax 225-925-4816

**PURCHASE OF FURLOUGHED SERVICE CREDIT**  
due to COVID-19 Pandemic; Request for Invoice

Name: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Dates of Service to be purchased: \_\_\_\_\_

**Only dates of service allowed: April 1, 2020 through November 30, 2020**

Upon receipt of the invoice for the cost of the purchase, payment must be made to MERS by December 31, 2021.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

**Employer Certification:**

As an authorized representative of \_\_\_\_\_ I certify that the above  
(Name of Employer)  
listed member of MERS was placed on involuntary leave without pay for the dates listed above as a direct result of the COVID-19 pandemic. In addition, I certify the rate of compensation at the time the member was placed on leave without pay due to COVID-19 was \_\_\_\_\_.  
(Hourly Rate of Pay).

**Required:** Please provide the last full payroll period date prior to leave without pay.

Month: \_\_\_\_\_

Paycheck Date: \_\_\_\_\_ Pay Period: \_\_\_\_\_

\_\_\_\_\_  
Clerk or Designated Authority

\_\_\_\_\_  
Date