##### PART 1, Top Of Page

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| --- |
| **PIP CONTACT PERSON:**\_\_ **①**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PHONE #**(\_\_\_\_\_\_)\_\_\_\_\_**②** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **E-Mail:\_\_\_\_\_\_ ③\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Finance/Business Manager:\_\_\_ ④ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Fiscal Year:\_\_\_\_ ⑤\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Participate in TRSL: ( YES / NO ) ⑥** |

**① PIP Contact for the duration of the fiscal year, backup if applicable**

**② Phone number for the PIP Contact**

**③ E-mail address for the PIP Contact**

**④ The current finance/business manager or CFO**

**⑤ Fiscal Year the form is submitted in**

**⑥ Does your school system contribute to Teacher Retirement System of Louisiana (TRSL)**

**PART 2, School & Participant Information**

|  |  |
| --- | --- |
| **Date: ①** | **Signature Local PIP Coordinator: ②** |
| **School System Name: ③** |
| **Office Use Only** | **School System Site Code: ④** |
| **TRANS CODE\* ⑤** | **PARTICIPANT INFO** | **PIPFrozen Increment ⑧** |
| **Last Name ⑥** | **First Name ⑥** | **Social SecurityNumber ⑦** |
|

**① Date the form is completed**

**② Signature of the individual who completed the form**

**③ Parish or school system name**

**④ Parish or school system site code**

**⑤ Transaction codes for the PIP database.**

**A - Addition R - Retired
B - Addition for break-in-service S - Retiree Return to Work
C - Correction - give explanation W - Withdrawal from Program
E - Error - give explanation X - Deceased
L - Leave Without Pay (LWP) R/D - Begin DROP
I/ - Transfer In - give prior district 2/A - Completed DROP, back to Active
O/ - Transfer Out - give new district 2/R - Completed DROP, went home**

**Level 6 - ACTIVE, Employer contributions paid to Teachers' Retirement**

**Level 7 - DROP, No Employer contributions paid while in DROP**

**⑥ PIP Participant’s last name and first name**

**⑦ PIP Participant’s social security number**

**⑧ PIP Participant’s PIP increment**

**PART 3, Adjusting Entries**

|  |  |
| --- | --- |
| **Level 6Beginning Figure $ ①** | **Level 7Beginning Figure $ ②** |
|
| **Actual Payment ③** | **Actual Adjustment ④** | **Actual Payment ③** | **Actual Adjustment ④** |
|
|

**① Projected total figure received for all Level 6 participants (prior to adjustments)**

**② Projected total figure received for all Level 7 participants (prior to adjustments)**

**③ Actual figure paid to the PIP participant.**

**④ Figure added or reduced from the PIP participants total PIP increment.**

**PART 4, Contract, Retirement, and DROP Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Days Worked/ Contract Days ①** | **Job Assignment ②** | **Effective Date ③** | **REMARKS ④** |
|
|

**① The contracted days worked / total days contracted**

**② Position the PIP participant is contracted to hold**

**③ Effective date of the change/adjustment**

**④ Any additional information or comments to provide insight to the State PIP office**