



## RE-EMPLOYMENT OF RETIREE

One of the following statements must be certified by the Clerk of Court.

- I hereby certify that I did not employ any current retirees of the Clerks of Court Retirement and Relief Fund during the aforementioned contribution month.
- I hereby certify that I employed the following retiree(s) of the Clerks of Court Retirement and Relief Fund and submit the information listed below for your records, in accordance with the law.

RETIRED Member Name	Social Security Number	Rate of Pay		Gross Salary	Days Worked
		HOURLY	DAILY		

RETIRED Member Salaries	Days Worked
\$	

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Clerk of Court

### INSTRUCTIONS FOR MONTHLY CONTRIBUTION REPORT

- Reports should be:**
- (1) executed in ink or typed.
  - (2) signed, legible, and accurately totaled, or the reports will be returned.
  - (3) for every employee paid a salary from the Clerk of Court's Salary Fund who works more than an average of twenty hours per week and deductions for retirement on regular compensation ONLY. **DO NOT INCLUDE** bonuses, payment of accrued vacation, annual or sick leave, payment for overtime, terminal pay, severance pay, deferred salary, or any other type of irregular or nonrecurring payment.
  - (4) sent to the office within ten (10) days after the close of the month for which contributions are collected. Interest will be assessed on delinquent contributions.

The failure of any clerk to make the required deductions or to remit to the Fund in accordance with law, within thirty (30) days of becoming due, shall be brought to the attention of the Board of Trustees.

Remit checks or ACH and reports to: Clerks Retirement and Relief Fund  
10202 Jefferson Highway, Building A  
Baton Rouge, Louisiana 70809

Louisiana Clerks of Court Retirement and Relief Fund  
MONTHLY CONTRIBUTION REPORT

**DROP MEMBERS**

**This report MUST accompany the ACTIVE monthly contribution report (If Applicable)**

Parish \_\_\_\_\_ Contribution Month \_\_\_\_\_

DROP Employee Name	Social Security Number	Gross Salary	Did member average more than twenty hours per week for monthly payroll reporting period?	
			Yes	No (Form 3)

**IF YOU INDICATED "NO" FOR DROP MEMBER A CHANGE IN STATUS (FORM 3) MUST ACCOMPANY THIS CONTRIBUTION REPORT**

**Report Summary and Certification**

DROP Employee Salaries

Employer Contributions

Please ADD DROP Employee Salaries and Employer Contributions to Form 1: \$ [ ] 19.00% \$ [ ]

Adjustment from prior month(s)  
Brief explanation for adjustment: \_\_\_\_\_ Adjustment Amount: \$ [ ]

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

DROP Amount Paid to Fund: \$ [ ]

I hereby acknowledge that I have read the instructions on the back of this report and I am aware of the laws that govern the Clerks Retirement and Relief Fund as they pertain to contributions to the Fund in regard to eligibility, payroll deductions, and reporting. Further, I hereby certify that the information shown herein is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Clerk of Court

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**CHANGE IN STATUS FORM**

**THIS FORM MUST ACCOMPANY THE MONTHLY CONTRIBUTION REPORT IF ANY EMPLOYEE CHANGES STATUS**

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

PARISH: \_\_\_\_\_

**Employment Status of Member:** *(fill out information below)*

Not averaging more than twenty hours per week for any monthly payroll reporting period: \_\_\_\_\_ hours per week  
Regular Monthly Salary: \$ \_\_\_\_\_ Reported Salary: \$ \_\_\_\_\_

Terminated as of \_\_\_\_/\_\_\_\_/\_\_\_\_  
(If applicable) Was Insurance termination form submitted?  Yes  No

Leave without pay as of \_\_\_\_/\_\_\_\_/\_\_\_\_  
Brief Explanation of Leave \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Projected Return to Work as of (if known) \_\_\_\_/\_\_\_\_/\_\_\_\_

FMLA as of \_\_\_\_/\_\_\_\_/\_\_\_\_  
Brief Explanation of Leave \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Projected Return to Work as of (if known) \_\_\_\_/\_\_\_\_/\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_  
Clerk of Court Signature

\_\_\_\_\_  
Date