



Request for Severance Pay

NAME _____

EMPLOYEE NUMBER _____

According to Louisiana Revised Statute 17:425 and RS 17:425.1, Livingston Parish Public Schools (LPPS) shall make a one-time payment, of up to 25 sick days, to an employee either at the time of his or her retirement, or at the time of his or her death, if prior to retirement, or upon entering Deferred Retirement Option Plan, (DROP). There is no provision for issuance of severance pay at any other time.

As an employee of LPPS, you are responsible for all decisions concerning retirement. We encourage you to verify the accuracy of your Retirement Member Account Statements annually. Retiring, or choosing to participate in DROP, is a personal decision. Signing this form confirms that no member of LPPS staff has advised you to participate in DROP or retire from your currently held position.

BEGINNING DROP DATE:

MM / DD / YYYY

Yes, I choose to receive Severance Pay upon entering DROP.

(Sick day balance reduced by the number of days paid, up to the maximum of 25 days.)

No, I will wait until I retire to receive Severance Pay.

RETIREMENT EFFECTIVE DATE:

MM / DD / YYYY

I choose to receive severance pay when I retire and leave the employment of LPPS.

I was paid sick days at the beginning of DROP.

Do not pay for sick days, report all to the retirement system for conversion.

EMPLOYEE SIGNATURE → _____

DATE _____

WITNESS SIGNATURE → _____

DATE _____