



MEMORANDUM

TO: Prospective Employee

FROM: LSU Agricultural Center Human Resource Management Office

**Welcome to the Agricultural Center!** This packet contains a variety of information concerning your benefits along with employment forms for you to complete. This material is divided into three folders: General Employment Forms, Retirement, and Supplemental Benefits. Each folder contains an instruction page. Because this material is extensive, we offer the following suggestions.

Begin by completing the first folder, General Employment Forms. When finished, read the *Schedule of Employee Benefit*. It provides an overview of benefits, particularly those in the retirement and insurance areas. Next move to Folders 2 and 4.

Unless you meet select criteria, you will be enrolling in Louisiana State Employees' Retirement System. If you do fall into the category of having options, you will want to contact Ms. Kathy Loyd (225/578-8229) for further information.

Behind this letter we have included a checklist to help you turn in the required forms to your unit office or this office. You can complete the checklist and submit it with your forms.

Again, we'd like to take this opportunity to welcome you to the Agricultural Center and we invite you to contact our office anytime we may be of help to you.

*Classified – Regular Apt 20-29 Hrs  
or Job Appt > 2 Yrs & 20-29 Hrs*



# CHECKLIST OF REQUIRED EMPLOYMENT FORMS

(Classified – Regular Appt & 20-29 Hrs  
or Job Appt > 2Yrs & 20-29 Hrs)

The following forms must be turned in to your unit office or the AgCenter HRM Office:

**NOTE:** Please return forms promptly to prevent payroll delays. All must be submitted before your payroll check may be issued. However, you have 30 days from your date of employment to change any insurance decisions you make.

---

**Folder #1****General Employment Forms**

- Supplemental Employment Form
- Tax Forms (2): W-4 Federal; L-4 State
- I-9 Employment Eligibility Verification and copies of supporting documents
- Bank Deposit Authorization Form (and attachments)
- Drug Policy Certification – PS-18
- Selective Service Verification (for males ages 18-25)
- Civil Service Application (SF-10)
- Vehicle Authorization

---

**Folder #2****Retirement**

- Signed Election Statement on the Instructions for Retirement Election **AND**
- LASERS Membership Registration Form **OR**
- LASERS Optional Membership Form (if applicable) **OR**
- La. Deferred Compensation Plan (LDCP) Participant Statement – (if eligible) **OR**
- Teachers' Retirement System Enrollment and Beneficiary Forms – (if eligible)  
**AND**
- SSA-1945 - statement concerning employment in a job not covered by Social Security

---

**Folder #4****Other Benefits**

- Supplemental Retirement Annuity Program Forms

---

**PLEASE NOTE:** This checklist is not all inclusive of all options. The forms listed must be returned to the HRM office in order to receive a paycheck. If enrolling in one of the plans not listed on this checklist, you must also return the appropriate enrollment form for that plan.