NEW HIRE CHECKLIST- CLASSIFIED WAE
GOVERNOR'S OFFICE OF ELDERLY AFFAIRS

A. FORMS TO BE COMPLETED BY EMPLOYEE - MANDATORY

_____ STATEMENT OF AGREEMENT AND UNDERSTANDING EMPLOYMENT IN A NON-PERM APPOINTMENT
_____ LASERS RE-EMPLOYMENT OF RETIREE
_____ Direct Deposit Enrollment Authorization Main Bank. EMPLOYEE MUST COMPLETE THIS FORM AND ATTACH A VOIDED CHECK. (If transferring from another state agency can enter "NO CHANGE" on form and sign.)
_____ Emergency contact information
_____ Employment eligibility verification I-9 form. MUST HAVE COPIES OF DOCUMENTS ATTACHED.
_____ Tax form W-4 federal taxes (Optional if transferring from other state agency. Can write "NO CHANGE" on form.)
_____ Recoupment of Overpayments
_____ Medicare tax eligibility form
_____ Tax form L-4 state taxes (Optional if transferring from other state agency. Can write "NO CHANGE" on form.)
_____ Statement Concerning Your Employment in a Job Not Covered by Social Security
_____ Deferred Compensation enrollment (optional)
_____ Louisiana Second Injury Fund E-2 form. Employee must review and sign EMPLOYEE NOTIFICATION FORM and CSO2 to verify
_____ Online W-2 Selection
_____ OTS User Agreement
_____ Newly Hired Employee Offer of Coverage
_____ Planned working time change notification

INFORMATION TO REVIEW WITH NEW EMPLOYEE

_____ Change in information to be reported to HR
_____ Check issuance
_____ Dress code
_____ Holidays
_____ LEO self-service
_____ Parking
_____ Personnel manual (have employee sign acknowledgement form and send it to HR.)
_____ Political Activity policy (employee must receive copy)
_____ Position title and starting salary
Safety manual (have employee sign acknowledgement form and send it to HR.)
_____ E-VERIFY

STATE CIVIL SERVICE

STATEMENT OF AGREEMENT AND UNDERSTANDING
Employment in a Non-Permanent Appointment

Revision Date: 3/2017

Employee Name:	Agency/Section/Unit:

In accordance with Civil Service Rules, agencies may establish temporary, non-permanent appointments of a limited duration to assist with work of a temporary nature or work overloads. Your signature below indicates that you agree and accept the conditions of this temporary, non-permanent appointment.

I, _____ understand that I am accepting a temporary, non-permanent appointment. I understand that the agency has the discretion to extend this appointment under certain conditions or may terminate this appointment at any time for any reason.

☐ Classified WAE Appointment	☐ Unclassified WAE Appointment

If hired in a WAE Appointment, I understand that I am **not** eligible for or entitled to state benefits, leave earning and paid holidays. I am only authorized to work up to **1245 hours** within a twelve-month period, regardless of the job title or state agency that I work within. The twelve-month period is established upon initial date of hire and the 1245 hours may be worked on a full-time, part-time, or intermittent basis within the twelve-month period. Only the State Civil Service Commission may grant exceptions to this rule. In the event the appointing authority determines that a layoff is necessary, I do not have rights to offers of relocation to another position.

☐ **Job Appointment**

If hired in a Job Appointment, I understand that I **may not** be eligible for or entitled to state benefits. I understand that in the event the appointing authority determines that a layoff is necessary I do not have rights to offers of relocation to another position and this appointment may be terminated.

I have read the above and agree to accept this temporary, non-permanent appointment. I further understand that as long as I remain employed in such a temporary, non-permanent capacity, the aforementioned conditions apply.

Employee Signature: _____ **Date** _____

HR Representative: _____ **Date** _____

NOTE: If you have any questions concerning these terms, please consult with your Human Resources Office.

Form 10-2
R050117

PRINT ALL INFORMATION
www.lasersonline.org

LASERS
Louisiana State Employees' Retirement System

P.O. Box 44213, Baton Rouge, LA 70804-4213
225.922.0600 · Toll-Free 1.800.256.3000
Fax 225.935.2856

Re-employment of Retiree

Member's First Name	Middle Name	Last Name	Today's Date	Social Security Number

IMPORTANT: Complete the entire form. Follow the specific instructions for each section. All dates should be in MM/DD/YYYY format.

SECTION 1: RETIREE INFORMATION

INSTRUCTIONS: In accordance with La. R.S. 11:416, **this form must be completed and returned to LASERS immediately upon your re-employment.** It is your responsibility to determine the appropriate re-employment option based on the type of position and estimated earnings for your period of employment. Upon termination, depending on the option chosen, Form 10-02B *Re-employed Retiree Option 3 Certification at End of Employment,* or Form 10-02C *Re-employed Retiree Option 1A or 1B Certification at End of Employment* must be completed and returned to LASERS.

Member's Mailing Address	City	State	Zip Code

Daytime Area Code/Phone Number	Evening Area Code/Phone Number	Email Address	Birth Date

Rehired Date	Position Title

Employment Status: ☐ Full Time ☐ Part Time

☐ Classified ☐ Unclassified

Are you receiving a benefit from LASERS or another state or statewide retirement system? ☐ Yes ☐ No

If you answered "Yes" to the question above, list the name of the system from which you are receiving benefits:

CONTINUE ON NEXT PAGE

Social Security Number

SECTION 2: SELECTION OF RE-EMPLOYMENT OPTION

I elect the following option during the period of my re-employment after retirement. I will notify LASERS immediately if any condition of my re-employment changes. I understand that this option is irrevocable for the full period of my re-employment.

☐ **OPTION 1A:** I elect to limit my earnings during each fiscal year to 50% of my annual retirement benefit (as adjusted by the Consumer Price Index). I may contact LASERS to request a calculation of the earnings limit for each fiscal year. I understand that the estimated earnings must be reported to LASERS at the beginning of the fiscal year and the actual earnings must be reported at the end of each fiscal year. It is my responsibility to monitor the actual earnings during the fiscal year to ensure that the earnings limit is not exceeded. I understand that if my earnings do exceed my earnings limit, my future retirement benefit will be reduced to the amount the earnings exceeded the limit. **You should consider another option if your estimated earnings are expected to exceed the earnings limit.**

☐ **OPTION 1B:** I certify that I am at least 70 years of age and retired with at least 30 years of service credit (exclusive of converted leave) and I am exempt from any suspension or reduction of benefits.

☐ **OPTION 2:** I elect to repay all retirement benefits received since the date of my retirement plus interest at the actuarial rate. This will restore my service credit, and I will return to active member status. (This option is not available to any retiree who participated in DROP, elected to retire with an Initial Benefit Option (IBO), or retired under an early retirement provision. The 20 years at any age actuarially reduced retirement is not an early retirement.)

☐ **OPTION 3:** I elect to suspend my benefits during the period of my re-employment. Employee and employer contributions must be paid on the amount of my earnings and there is no limit on the amount of my earnings. If I work at least 36 months, a supplemental retirement benefit will be calculated based on this period of service and the average compensation. If I work less than 36 months, I will receive a refund of my contributions, without interest. When I subsequently retire, my suspended benefit will be restored.

SECTION 3: MEMBER SIGNATURE

I hereby certify that the employment information stated above is correct to the best of my knowledge. If I select Option 1A, I understand that it is my responsibility to monitor my earnings to ensure that I do not exceed the limitation. I understand that this choice is irrevocable for the full term of my re-employment.

Member's Signature

Date

SECTION 4: AGENCY SIGNATURE AND CERTIFICATION

Name of Personnel Officer

Title

Personnel Officer Email Address

Daytime Area Code/Phone Number

Name of Agency

LASERS Agency Number

Signature of Personnel Officer

Date

EARNINGS REPORTING: This employee's earnings will be reported as: ☐ 9 months ☐ 10 months ☐ 12 months

Reset Form

OSUP/F12A
R 01/05/2011

STATE OF LOUISIANA
LAGOV ERP-HUMAN CAPITAL MANAGEMENT
DIRECT DEPOSIT ENROLLMENT AUTHORIZATION
MAIN BANK (PRIMARY ACCOUNT)

EMPLOYEE SSN	DEPARTMENT/OFFICE OR AGENCY
ACTION TYPE (✓ one) ☐ NEW ☐ CHANGE ☐ TERMINATE THIS OPTION	

PRIMARY ACCOUNT INFORMATION
(Main Bank)
DEPOSIT AMOUNT TO THIS ACCOUNT WILL BE EQUAL TO NET PAY LESS ANY DEPOSITS TO SECONDARY ACCOUNTS.

FINANCIAL INSTITUTION NAME	FINANCIAL INSTITUTION ROUTING (ABA) NUMBER *(Bank Key)*	
BANK ACCOUNT NUMBER	ACCOUNT NAME * (Ex: Mr. and Mrs. John Doe, John or Jane Doe, John Doe)	
ACCOUNT TYPE (✓ one) *(Bank Control Key)* ☐ **CHECKING (provide voided check or account verification) ☐ **SAVINGS (obtain account # & ABA # from financial institution)	**Account verification or completion of enrollment form by financial institution will assure the accuracy of account data: Signature from institution:_____	
	Effective Date	_____ PAYDAY
	Phone number:	

(Print full name)

I _____ authorize and request the State of Louisiana to direct my net pay check to the account at the financial institution I designated above.

It is my responsibility to notify my Employee Administration Office, as appropriate, should any changes occur to account specified. Considering all above conditions are met, this authorization remains in full effect until a written, signed notification to terminate, or another signed form (OSUP/F12A) indicating termination of this option is received from me and the State of Louisiana has had reasonable opportunity to act on the termination. However, I understand and acknowledge that I am responsible for any account information indicated on this form as well as any account information that I add or any changes that I make to my accounts through Louisiana Employees Online (LEO).

For direct deposits that are affected by the International ACH Transaction (IAT) rules check one:
☐ I affirm that the entire amount of the payroll direct deposits sent to my account at the financial institution designated above **will not** subsequently be forwarded to a foreign financial institution.
☐ I affirm that the entire amount of the payroll direct deposits sent to my account at the financial institution designated above **will** subsequently be forwarded to a foreign financial institution.

Signature	Date	Phone number where you can be reached between 8:00 am and 4:30 pm

***Deposits can only be made to accounts that belong to you. Exceptions: Deposits can be made to the accounts of dependents or a parent/guardian when the employee is a dependent of the parent/guardian.**
****Agency requirements may vary. Contact your Employee Administration office if you have any questions.**

TO BE COMPLETED BY EMPLOYEE ADMINISTRATION OFFICE:

MAIN BANK	FINANCIAL INSTITUTION ROUTING (ABA) NO. (If not provided above)	
PERSONNEL AREA NUMBER	PERSONNEL NUMBER	EFT VALIDITY DATE

☐ **CHECK HERE IF SECONDARY ACCOUNT FORMS ARE ATTACHED**

GOEA Employee Emergency Notification

Louisiana Governor's Office of Elderly Affairs
Galvez Building
602 North 5th Street, 4th Floor
Baton Rouge, Louisiana 70802
Phone: 225-342-7100
Fax: 225-342-7133
www.GOEA.Louisiana.Gov

Date: _____

New ___ Revised ___

Employee Name:	
Title:	
Address:	
City:	
Zip Code:	
Home Phone:	
Cell Phone:	
Employee Supervisor:	
Name:	
Title:	
Contact Number:	

For emergency purposes only, please list alternate staff:

Staff Name/Title	Contact Number

Person to Notify in Case of Emergency

Name (1)	
Address:	
State:	
Home Phone:	
Work Phone:	
Cell Phone:	
Relationship:	
Name (2)	
Address:	
State:	
Home Phone:	
Work Phone:	
Cell Phone:	
Relationship:	
Other Information:	

Will you need assistance going down stairs during an emergency at the Galvez Building?

Yes ___ No ___

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 4. A noncitizen (other than **Item Numbers 2.** and **3.** above) authorized to work until (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee	Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.	First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a
combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A **Documents that Establish Both Identity and Employment Authorization**	OR	LIST B **Documents that Establish Identity**	AND	LIST C **Documents that Establish Employment Authorization**
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**. The Form I-766, Employment Authorization Document, is a List A, **Item Number 4.** document, not a List C document.
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

Supplement A,
Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name *(Family Name)* from **Section 1.**	First Name *(Given Name)* from **Section 1.**	Middle initial (if any) from **Section 1.**

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

Supplement B,
Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name *(Family Name)* from **Section 1.**	First Name *(Given Name)* from **Section 1.**	Middle initial (if any) from **Section 1.**

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2024

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		**Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at *www.irs.gov/W4App*.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 $ _____

Multiply the number of other dependents by $500 . . . . . $ _____

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . . **3** $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to *www.irs.gov/FormW4*.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at *www.irs.gov/W4App* if you:

1. Expect to work only part of the year;

2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or

3. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at *www.irs.gov/W4App* to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

Multiple jobs. *Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.*

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at *www.irs.gov/W4App*.

1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . 1 $

2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . 2a $

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . 2b $

c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . 2c $

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3

4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . 4 $

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income . . . . . 1 $

2 Enter:
- $29,200 if you're married filing jointly or a qualifying surviving spouse
- $21,900 if you're head of household
- $14,600 if you're single or married filing separately

. . . . . 2 $

3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . 3 $

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . 4 $

5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . 5 $

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$0	$780	$850	$940	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,370
$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$240	$870	$1,020	$1,020	$1,020	$1,540	$1,870	$1,870	$1,870	$1,870	$1,910	$2,040
$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$510	$850	$1,020	$1,020	$1,020	$1,020	$1,220	$1,870	$1,870	$1,870	$1,960
$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

RECOUPMENT OF OVERPAYMENTS:

It shall be the policy of the Governor's Office of Elderly Affairs to notify employee (s) when an overpayment has occurred and recoupment must take place.

Written notification will give the reason why the overpayment occurred and specify how/when the agency will start the recoupment procedure.

I have read the above statements and understand if an overpayment is generated in my bi-weekly pay, recoupment by the agency will take place.

_____

NAME

_____

TITLE/UNIT

_____

DATE

MEDICARE TAX ELIGIBILITY FORM

Effective April 1, 1986, all new state employees will be subject to pay 1.45% of their gross salary for the Medicare tax. This will be in addition to their other deductions such as retirement and federal and state tax.

I have read the information above and understand that since:

_____ I have been continuously employed in state government since prior to April 1, 1986. I am not required to pay this tax.

_____ I have not been continuously employed in state government since April 1, 1986. I am required to pay this tax.

_____ _____

Employee Signature Date

R-1300 (4/11)

LDR
Contributing to a better quality of life

Employee Withholding Exemption Certificate (L-4)

Louisiana Department of Revenue

Purpose: Complete form L-4 so that your employer can withhold the correct amount of state income tax from your salary.

Instructions. Employees who are subject to state withholding should complete the personal allowances worksheet indicating the number of withholding personal exemptions in Block A and the number of dependency credits in Block B.

- Employees must file a new withholding exemption certificate within 10 days if the number of their exemptions decreases, except if the change is the result of the death of a spouse or a dependent.
- Employees may file a new certificate any time the number of their exemptions increases.
- Line 8 should be used to increase or decrease the tax withheld for each pay period. Decreases should be indicated as a negative amount.

Penalties will be imposed for willfully supplying false information or willful failure to supply information that would reduce the withholding exemption.

This form must be filed with your employer. If an employee fails to complete this withholding exemption certificate, the employer must withhold Louisiana income tax from the employee's wages without exemption.

Note to Employer: Keep this certificate with your records. If you believe that an employee has improperly claimed too many exemptions or dependency credits, please forward a copy of the employee's signed L-4 form with an explanation as to why you believe that the employee improperly completed this form and any other supporting documentation. The information should be sent to the Louisiana Department of Revenue, Criminal Investigations Division, PO Box 2389, Baton Rouge, LA 70821-2389.

Block A

- Enter "0" to claim neither yourself nor your spouse, and check "*No exemptions or dependents claimed*" under number 3 below. You may enter "0" if you are married, and have a working spouse or more than one job to avoid having too little tax withheld.
- Enter "1" to claim yourself, and check "*Single*" under number 3 below. If you did not claim this exemption in connection with other employment, or if your spouse has not claimed your exemption. Enter "1" to claim one personal exemption if you will file as head of household, and check "Single" under number 3 below.
- Enter "2" to claim yourself and your spouse, and check "Married" under number 3 below.

A.

Block B

- Enter the number of dependents, not including yourself or your spouse, whom you will claim on your tax return. If no dependents are claimed, enter "0."

B.

Cut here and give the bottom portion of certificate to your employer. Keep the top portion for your records.

Form **L-4**
Louisiana Department of Revenue

Employee's Withholding Allowance Certificate

1. Type or print first name and middle initial	Last name
2. Social Security Number	3. Select one ☐ No exemptions or dependents claimed ☐ Single ☐ Married
4. Home address (number and street or rural route)	
5. City / State / ZIP	
6. Total number of exemptions claimed in Block A	6.
7. Total number of dependents claimed in Block B	7.
8. Increase or decrease in the amount to be withheld each pay period. Decreases should be indicated as a negative amount.	8.

I declare under the penalties imposed for filing false reports that the number of exemptions and dependency credits claimed on this certificate do not exceed the number to which I am entitled.

Employee's signature	Date

The following is to be completed by employer.

9. Employer's name and address	10. Employer's state withholding account number

Social Security Administration

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name _____ **Employee ID#** _____

Employer Name _____ **Employer ID#** _____

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is $395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of $600 based on earnings that are not covered under Social Security, two-thirds of that amount, $400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a $500 widow(er) benefit, you will receive $100 per month from Social Security ($500 - $400=$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee _____ **Date** _____

INSURANCE & WORKERS COMPENSATION INFORMATION

STATE OF LOUISIANA DEFERRED COMPENSATION PLAN
9100 Bluebonnet Centre Blvd., Suite 203
BATON ROUGE, LA 70809
Phone: (225) 926-8082
Fax: (225) 296-6832

Hello and welcome to the Deferred Comp Plan!

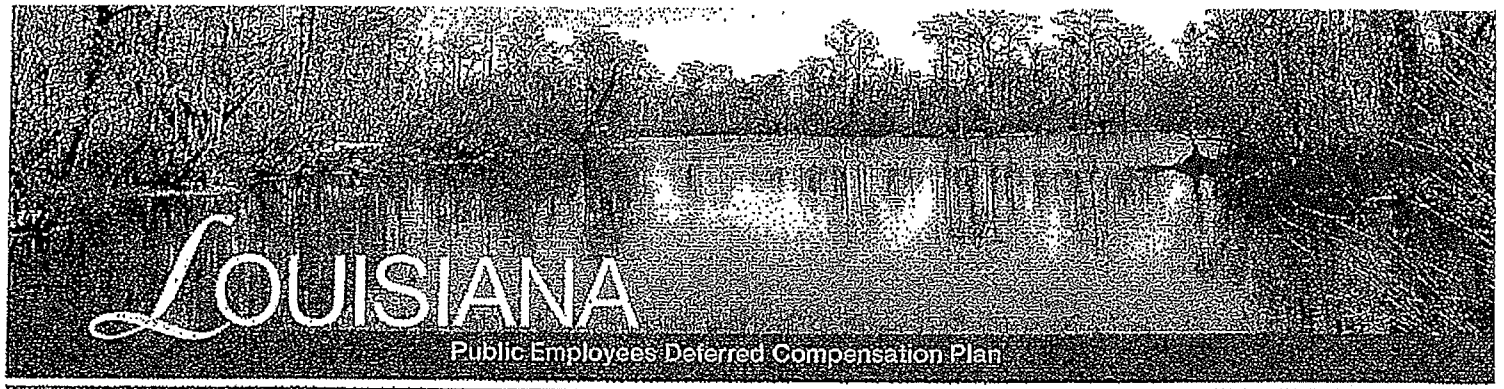
ONLINE ENROLLMENT

To enroll in the LA Deferred Compensation Plan, simply access the Plan website and follow the prompts.

www.louisianadcp.com

- Select: REGISTER
- Select 1 of 2 choices:
  - "I Do Not Have a PIN" - You may call 800-937-7604 for a Temporary PIN OR you may enter the requested personal data.
  - "I Have a PIN" - You may enter your SSN and PIN number.
- Choose "Continue" once you have advanced into the registration.
- Create a USER ID and password.
- Follow the prompts and choose your contribution amount.
- NOTE: *Your contributions will default into a Target Date Fund (with a 6% contribution rate) based on your date of birth.* Alternatively, you may choose your own investments by clicking on "Customize Enrollment". If you are interested in having your investments managed, you may request a one-on-one phone appointment for assistance in customizing a risk strategy of your retirement goals.

Please let us know if you have any questions or need further assistance.



PLAN FEATURES AND HIGHLIGHTS

THE LOUISIANA PUBLIC EMPLOYEES 457(B) DEFERRED COMPENSATION PLAN (PLAN) IS A POWERFUL TOOL TO HELP YOU REACH YOUR RETIREMENT DREAMS. AS A SUPPLEMENT TO OTHER RETIREMENT BENEFITS OR SAVINGS THAT YOU MAY HAVE, THIS VOLUNTARY PLAN ALLOWS YOU TO SAVE AND INVEST EXTRA MONEY FOR RETIREMENT—TAX DEFERRED!

Not only will you defer taxes immediately, but you may also build extra savings consistently and automatically, select from a variety of investment options, and learn more about saving and investing for your financial future.

Read these highlights to learn more about your Plan and how simple it is to enroll. If there are any discrepancies between this document and the Plan Document, the Plan Document will govern.

GETTING STARTED

WHAT IS A 457 DEFERRED COMPENSATION PLAN?

The Plan is a governmental 457 deferred compensation plan, which is a retirement savings plan that allows eligible employees to supplement any existing retirement and pension benefits by saving and investing pretax and/or after-tax Roth dollars through a voluntary salary contribution. Contributions and any earnings on contributions are tax-deferred until money is withdrawn. Distributions are usually taken during retirement, when many participants are typically receiving less income and may be in a lower income tax bracket than while working. Distributions are subject to ordinary income tax.

WHY SHOULD I PARTICIPATE IN THE PLAN?

You may want to participate if you are interested in saving and investing additional money for retirement and/or reducing the amount of current state and federal income tax you pay each year. The Plan can be an excellent tool to help make your future more comfortable.

You may also qualify for a federal income tax credit by participating in this Plan.

For more information about this tax credit, please contact an Empower Retirement representative in your area.[1]

IS THERE ANY REASON WHY I SHOULD NOT PARTICIPATE IN THE PLAN?

Participation may not be advantageous if you are experiencing financial difficulties, have excessive debt or do not have an adequate emergency fund (typically in an easy-to-access account).

WHO IS ELIGIBLE TO ENROLL?

All current full-time and part-time Louisiana public employees are immediately eligible to participate in the Plan.

Certain independent contractors of the State of Louisiana employer may be eligible to participate in the Plan as well. Ask your employer for more information.

HOW DO I ENROLL?

You may enroll through any of the following methods:

1. Complete the appropriate enrollment forms, available through your Retirement Plan Counselor.
2. Complete the appropriate forms, available on the participant website under the *Enroll Now* tab.

3. If you are a LA Gov HCM employee, you may enroll on the participant website with a link under the *Enroll Now* tab.

Indicate the amount you wish to contribute, your investment option selection(s) and your beneficiary designation(s). Please return the form(s) to your Retirement Plan Counselor, fax to the Baton Rouge office at (225) 296-6832 or mail to Louisiana Deferred Comp Plan at 9100 Bluebonnet Centre Blvd. Suite 203, Baton Rouge, LA 70809.

WHAT TYPES OF CONTRIBUTIONS CAN I MAKE?

Traditional 457

- Contributions are made with before-tax dollars.
- Any potential earnings on your contributions grow tax-free, and your distribution is taxable.
- It lowers your current taxable income because you postpone paying taxes on contributions to the Plan.

Roth 457

- Contributions are made with after-tax dollars.
- Any Roth money, including contributions and potential earnings, will grow tax-free in your account.
- Your distribution is income tax-free if you are eligible for a distribution from your Plan, and you withdraw your Roth contributions and any earnings after holding the account for at least five tax years.
- It does not change your current taxable income.

If the Roth option is right for you, make the appropriate changes to your account by completing a Salary Deferral Agreement form. If you are a LA Gov HCM employee, you may make changes via **LouisianaDCP.com** or the voice response system at **(800) 701-8255.**

WHAT ARE THE CONTRIBUTION LIMITS?

In 2017, the maximum contribution amount is 100% of your includible compensation or $18,000, whichever is less. It may be indexed in $500 increments after 2017. If you utilize both the traditional and Roth 457 together, they must not exceed the annual total contribution limit.

Participants in the Plan have two different opportunities to catch up and contribute more during the final years of their career. The "Special Catch-up" allows participants in the three calendar years prior to normal retirement age to contribute more to the Plan (up to double the annual contribution limit—$36,000 in 2017). The additional amount that you may be able to contribute under the Special Catch-up option will depend upon the amounts that you were eligible to contribute in previous years but did not.

Also, participants turning age 50 or older in 2017 may contribute an additional $6,000. You may not use the Special Catch-up provision and the Age 50+ Catch-up provision in the same calendar year. Please contact the Baton Rouge office at **(225) 926-8082** for assistance with Special Catch-up if you think you qualify.

WHAT ARE MY INVESTMENT OPTIONS?

A lineup of core investment options is available through your Plan. Investment option information is available through the website at **LouisianaDCP.com** and the voice response system toll free at **(800) 701-8255.** The website and voice response system are available to you 24 hours a day, seven days a week.

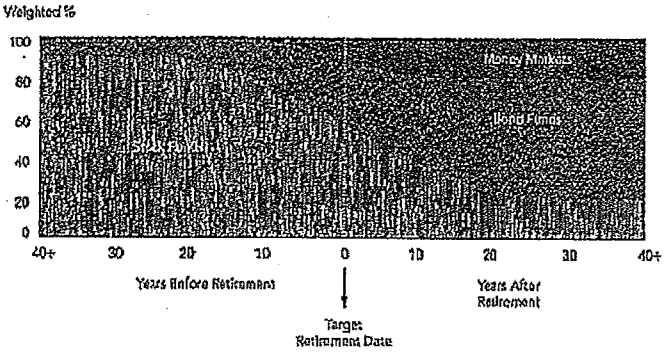
If you enroll for the first time but don't choose any investment options, you will be defaulted into a BlackRock LifePath Fund[2] based on your date of birth (*see the chart below*). Target date funds are a diversified mix of underlying funds whose asset allocations change over time to become more conservative as you near retirement.

Default Fund Name[2]	Birth Year
BlackRock LifePath Index Retirement Fund J	1949 or before
BlackRock LifePath Index 2015 Fund J	1950-1954
BlackRock LifePath Index 2020 Fund J	1955-1959
BlackRock LifePath Index 2025 Fund J	1960-1964
BlackRock LifePath Index 2030 Fund J	1965-1969
BlackRock LifePath Index 2035 Fund J	1970-1974
BlackRock LifePath Index 2040 Fund J	1975-1979
BlackRock LifePath Index 2045 Fund J	1980-1984
BlackRock LifePath Index 2050 Fund J	1985-1989
BlackRock LifePath Index 2055 Fund J	1990-1994
BlackRock LifePath Index 2060 Fund J	1995 or later

The investments in the target date funds will gradually shift from more aggressive to more conservative as the target date approaches. The funds are designed to provide an age-appropriate mix of long-term appreciation and capital preservation and are adjusted based on the number of years left until the funds' target date.

The funds provide a professionally allocated mix from your first days in the Plan all the way through retirement.

This slow transition of the funds' asset allocation from more aggressive investments to more conservative investments is often referred to as the fund's "glide path." The date in a target date fund represents an approximate date when an investor would expect to retire. The principal value of the funds is not guaranteed at any time, including at the target date.



FOR ILLUSTRATIVE PURPOSES ONLY. Intended to illustrate possible investment portfolio allocations that represent an investment strategy based on risk and return. This is not intended as financial planning or investment advice.

Please consider the investment objectives, risks, fees and expenses carefully before investing. For this and other important information, you may obtain prospectuses for mutual funds, any applicable annuity contract and the annuity's underlying funds, and/or disclosure documents from your registered representative. For prospectuses related to investments in your Self-Directed Brokerage Account (SDBA), contact TD Ameritrade at (866) 766-4015. Read prospectuses carefully before investing.

SELF-DIRECTED BROKERAGE

In addition to the core investment options, a self-directed brokerage account (SDBA) is available through TD Ameritrade. The SDBA allows you to select from numerous mutual funds for an additional annual administrative fee of $60 per person, deducted from your account at $15 quarterly (plus any additional trading and transaction fees).

You are required to maintain a minimum balance in your core account of $2,500.

The SDBA is intended for knowledgeable investors who acknowledge and understand the risks associated with the investments contained in the SDBA.

SDBA accounts are not monitored by the Commission or investment consultant to the Plan. You will receive a separate statement of your holdings and activity from TD Ameritrade.

Review the SDBA Frequently Asked Questions (FAQs) on the participant website, **LouisianaDCP.com**, for more information.

Go to the *Investment Information* tab, then click the *Self-Directed Brokerage* link.

MANAGING YOUR ACCOUNT

HOW DO I KEEP TRACK OF MY ACCOUNT?

Empower Retirement will mail a quarterly account statement to you, showing your account balance and activity. You can also check your account balance and move money among investment options via the website at **LouisianaDCP.com** or the voice response system at **(800) 701-8255.**

You will also receive a separate quarterly statement from TD Ameritrade that will detail the investment holdings and activity within your SDBA, including any fees and charges imposed in connection with the SDBA.

HOW DO I MAKE INVESTMENT OPTION CHANGES?

Use your username and passcode to access the website, or you can use your Social Security number and passcode to access the voice response system.[3] You can move all or a portion of your existing balances among investment options (subject to Plan rules) and change how your payroll contributions are invested.[2]

HOW DO I MAKE CONTRIBUTION CHANGES?

Download the Salary Deferral Agreement form from **LouisianaDCP.com** or call the local Empower Retirement office in Baton Rouge. A friendly and helpful representative will assist you in getting the current form. If you are a LA Gov HCM employee, you may log into your account and make the contribution changes.

ROLLOVERS

MAY I ROLL OVER MY ACCOUNT FROM MY FORMER EMPLOYER'S PLAN?

Yes. However, only approved balances from an eligible governmental 457(b), 401(k), 403(b) or 401(a) plan or an Individual Retirement Account (IRA) may be rolled over to the Plan.*

MAY I ROLL OVER MY ACCOUNT IF I LEAVE EMPLOYMENT WITH MY CURRENT EMPLOYER?*

If you sever employment with your current employer, you may roll over your account balance to another eligible governmental 457(b), 401(k), 403(b) or 401(a) plan if your new employer's plan accepts such rollovers. You may also roll over your account balance to an IRA. No taxes will be withheld from your transfer amount.

Please keep in mind that if you roll over your Plan balance to a 401(k), 403(b) or 401(a) plan or IRA, distributions taken before age 59½ may also be subject to the 10% early withdrawal federal tax penalty. Please contact your Empower Retirement representative for more information.[1]

VESTING

WHEN AM I VESTED IN THE PLAN?

Vesting refers to the percentage of your account you are entitled to receive from the Plan upon the occurrence of a distributable event. Your contributions to the Plan and any earnings they generate are always 100% vested (including rollovers from previous employers).

DISTRIBUTIONS

WHEN CAN I RECEIVE A DISTRIBUTION FROM MY ACCOUNT?

There is no 10% early withdrawal penalty for a qualifying distribution event. Qualifying distribution events are as follows:

- Retirement
- Unforeseeable emergency
- Severance of employment (as defined by the Internal Revenue Code provisions)
- Attainment of age 70½
- Death (your beneficiary receives your benefits)
- In-service transfer to purchase service credit
- In-service de minimis

Each distribution is subject to ordinary income tax except for an in-service transfer to purchase service credit.

* You are encouraged to discuss rolling money from one account to another with your financial advisor/planner, considering any potential fees and/or limitation of investment options.

NO EARLY WITHDRAWAL PENALTIES

Early distribution penalties do not apply to 457 deferred compensation plans for eligible withdrawals of 457 money. Any withdrawals will be taxed as ordinary income and will be subject to a 20% mandatory withholding. Louisiana state income tax will also be withheld.

WHAT ARE MY DISTRIBUTION OPTIONS?

1. Leave the value of your account in the Plan until a future date.

2. You may be able to receive payment in the following form:
   - » Periodic payments
   - » Fixed annuity payments
   - » Partial lump sum
   - » A lump sum

3. Roll over your account balance to an eligible governmental 457(b), 401(k), 403(b) or 401(a) plan or to an IRA.*

WHAT HAPPENS TO MY ACCOUNT WHEN I DIE?

Your designated beneficiary(ies) will receive the remaining value of your account, if any. Your beneficiary(ies) must contact the Plan administrator to request a distribution.

FEES

ARE THERE ANY RECORDKEEPING OR ADMINISTRATIVE FEES TO PARTICIPATE IN THE PLAN?

The Plan will assess an administrative fee, based on the following schedule, which will be assessed quarterly and will be disclosed on the *Transaction Detail* section of your quarterly statement under the *Withdrawals/Expenses* heading.

The annual fee is 0.18% of the first $50,000 in your account, with a minimum fee of $10 per year and a maximum of $90. Every quarter, all participants will be assessed $2.50 up to a balance of $5,555.56, with 0.045% charged on balances from $5,555.57 up to $50,000.

The minimum quarterly fee is $2.50; the maximum quarterly fee is $22.50. If your balance exceeds $50,000, you are charged the maximum fee of $90 per year, or $22.50 per quarter, but you will pay nothing on the balance of $50,000.01 and above.

EXAMPLES

For a $10,000 balance:

- » You'll be charged $2.50 *every quarter* on the balances up to $5,555.56. The remaining $4,444.44 will be charged a fee of 0.045%, or $2 ($4,444.44 x 0.00045 = $2).
- » The total charged on the $10,000 balance will be $4.50 per quarter.

For a $100,000 balance:

- » You'll be charged $2.50 *every quarter* on the balances up to $5,555.56. Additionally, $44,444.44 will be charged a fee of 0.045%, or $20 ($44,444.44 x 0.00045 = $20). There is no fee for the portion of the balance above $50,000.
- » The total charged on the $100,000 balance will be $22.50 per quarter.

ARE THERE ANY FEES FOR THE INVESTMENT OPTIONS?

All loads (sales charges) on purchase transactions are waived on core investment options within the Plan.

Each investment option has an expense ratio that varies by investment option. These fees are deducted by each investment option's management company before the daily price or performance is calculated. Fees pay for investment management expenses, fund operating expenses, and revenue sharing.

These expense ratios are listed under the *Investment Information* tab then *Investment Performance* link at **LouisianaDCP.com**. For example, a $5,000 balance in a fund with a 0.96% expense ratio would be assessed a fee of $12 per quarter. This implicit fee is built into or included in the share price of the investment option.

Funds may impose redemption fees on certain transfers, redemptions or exchanges. Asset allocation funds may be subject to a fund operating expense at the fund level, as well as prorated fund operating expenses of each underlying fund in which they invest. For more information on all applicable fees, please refer to the fund prospectus. Prospectuses are available under the Investment Information tab at **LouisianaDCP.com**.

ARE THERE ANY DISTRIBUTION FEES?

There are currently no distribution fees for the Plan.

LOANS

MAY I TAKE A LOAN FROM MY ACCOUNT?

Your Plan allows you to borrow the lesser of $50,000 or 50% of your total account balance. The minimum loan amount is $1,000, and you have up to five years to repay your loan—up to 15 years if the money is used to purchase your primary residence.

Participants may have a maximum of one outstanding loan at any time. There is a $50 origination fee for each loan, plus an ongoing quarterly maintenance fee of $6.25. The loan origination fee is deducted from the principal balance of the loan proceeds. All loan payments are payroll deducted. If your employer opts out of this process, you will not be eligible for a loan.

The quarterly maintenance fee is assessed against your remaining account balance. The interest rate for the loan is 2% over the Prime Rate as published in *The Wall Street Journal* on the first business day of the month before the loan is originated. For more information on loans, contact the Louisiana Deferred Compensation Plan office at **(225) 926-8082** or **(800) 937-7604**.

Important note: In the event you pay off a loan, there is a 30-day waiting period before another loan request can be processed.

TAXES

HOW DOES MY PARTICIPATION IN THE PLAN AFFECT MY TAXES?

Because traditional 457 contributions are taken out of your paycheck before taxes are calculated, you pay less in current income tax.

You do not report any current earnings or losses on your account on your current income tax return either. Your account is tax-deferred until you withdraw money, which is usually during retirement.

Distributions from the Plan are taxable as ordinary income during the years in which they are distributed or made available to you or your beneficiary(ies).[1]

INVESTMENT ASSISTANCE

CAN I GET HELP WITH MY INVESTMENT DECISIONS?

Employees of the State of Louisiana and Empower cannot give investment advice. There are financial calculators and tools on the website that can help you determine which investment options might be best for you if you would like to construct your Plan account yourself.

HOW CAN I GET HELP CHOOSING MY INVESTMENT OPTIONS?

Your Plan offers a suite of services called Empower Retirement Advisory Services (Advisory Services), offered by Advised Assets Group, LLC (AAG), a registered investment adviser. As a participant, you may select the Managed Account service, which has AAG, a registered investment adviser, manage your Plan account for you. If you prefer to manage your retirement account on your own, you may select any investment option or options, and you may use the Online Investment Guidance and/or Online Investment Advice tools. These services provide a personalized retirement strategy for you based on your investment goals, time horizon and risk tolerance.

For more detailed information, please visit your Plan's website at **LouisianaDCP.com** or call the voice response system toll free at **(800) 701-8255** to speak with an AAG Investment adviser representative.

There is no guarantee that participation in any of the advisory services will result in a profit or that the account will outperform a self-managed portfolio invested without assistance.

WHAT FEES DO I PAY TO PARTICIPATE IN ADVISORY SERVICES?

Three levels of service are available with Advisory Services:

- » Online Investment Guidance: No additional fee.
- » Online Investment Advice: A $25 annual fee assessed to your account at $6.25 quarterly.
- » Managed Account service: If you choose to have AAG manage your account for you, the annual Managed Account service fee will automatically be deducted from your account balance quarterly based on a percentage of your account balance, as the table below shows.

PARTICIPANT ACCOUNT BALANCE	ANNUAL MANAGED ACCOUNT FEE
Less than $100,000	0.45%
Next $150,000	0.35%
Next $150,000	0.25%
Greater than $400,000	0.15%

For example, if your account balance is $50,000, the maximum annual fee will be 0.45%, or 0.1125% per quarter, which equates to $225 annually, or $56.25 quarterly.

As shown in the table below, if your account balance is $125,000, the first $100,000 will be subject to a maximum fee of 0.45% annually, or 0.1125% quarterly, and the next $25,000 will be subject to a maximum annual fee of 0.35%, or 0.0875% quarterly.

$100,000 x 0.1125%	= $112.50 quarterly
$25,000 x 0.0875%	= $21.88 quarterly
Total quarterly fee	= $134.38 (or $537.52 yearly)

▶ HOW DO I GET MORE INFORMATION?

Visit the website at **LouisianaDCP.com** or call the voice response system toll free at **(800) 701-8255** for more information.

The website provides information regarding your Plan, financial education information, financial calculators and other tools to help you manage your account.

We recommend setting an appointment with an Empower Retirement representative by contacting the Louisiana Public Employees Deferred Compensation Plan office at:

9100 Bluebonnet Centre Blvd., Suite 203
Baton Rouge, LA 70809
(225) 926-8082

1 Representatives of Empower Retirement do not offer or provide investment, fiduciary, financial, legal or tax advice or act in a fiduciary capacity for any client unless explicitly described in writing. Please consult with your investment advisor, attorney and/or tax advisor as needed.

2 Asset allocation and balanced investment options and models are subject to the risks of the underlying funds, which can be a mix of stocks/stock funds and bonds/bond funds. For more information, see the prospectus and/or disclosure documents.

3 The account owner is responsible for keeping their PIN/passcode confidential. Please contact Client Services immediately if you suspect any unauthorized use.

Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker-dealers.

GWFS Equities, Inc., Member FINRA/SIPC, is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.

Brokerage services provided by TD Ameritrade Inc., member FINRA/SIPC/NFA. TD Ameritrade is a trademark jointly owned by TD Ameritrade IP Company, Inc. and The Toronto-Dominion Bank. All rights reserved. Used with permission. Additional information can be obtained by calling TD Ameritrade at (866) 766-4015. TD Ameritrade and GWFS Equities, Inc. are separate and unaffiliated.

Empower Retirement Advisory Services are offered by Advised Assets Group, LLC, a registered investment adviser and wholly owned subsidiary of Great-West Life & Annuity Insurance Company.

Empower Retirement refers to the products and services offered in the retirement markets by Great-West Life & Annuity Insurance Company, Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: NY, NY, and their subsidiaries and affiliates. The trademarks, logos, service marks and design elements used are owned by their respective owners and are used by permission. 98228-01-BRO-2761-1703 AM100158-0217

Name: _____ Date_____

Agency/Department: _____ Position: _____

LOUISIANA SECOND INJURY FUND
POST OFFER, PRE-EXISTING CONDITIONS, INJURIES OR ILLNESSES
MEDICAL INQUIRY (E-2)

NOTICE TO EMPLOYEES:
Your employer is committed to providing Workers' Compensation benefits, in accordance with state law, if you sustain an employment-related injury. This form requests medical information and will be kept confidential and separate from your personnel file. It will be used only in the event you experience a work-related injury and become eligible for Workers' Compensation benefits. The employer requires that all employees complete this questionnaire upon hire and every two years thereafter. The information is needed because if a work-related injury or disability is caused or made worse by a pre-existing condition, your employer may be able to seek reimbursement of the benefits paid from the Louisiana Second Injury Fund. This reimbursement would not reduce your workers' compensation benefits. In order to be considered for reimbursement, an employer must show it knowingly hired or knowingly retained an employee with a pre-existing disability. Disclosure of a pre-existing condition shall not be used for any discriminatory purpose. **THE FAILURE TO ANSWER TRUTHFULLY ANY OF THE QUESTIONS ON THIS FORM MAY RESULT IN THE FORFEITURE OF WORKERS' COMPENSATION BENEFITS UNDER LA. R.S. 23:1208.1.**

SECTION 1: DO YOU HAVE OR HAVE YOU EVER HAD ANY OF THE FOLLOWING?

Do not leave any blank unanswered. Please provide explanations for all "yes" responses under Remarks.

YES	NO		YES	NO	
☐	☐	Amputation (foot, leg, arm, hand, or total loss thereof)	☐	☐	Loss of Use of Limbs
			☐	☐	Mental Disorders
☐	☐	Ankylosis of Joints	☐	☐	Mental Retardation
☐	☐	Arteriosclerosis	☐	☐	Multiple Sclerosis
☐	☐	Arthritis	☐	☐	Muscle, Ligament or Tendon Injury
☐	☐	Asbestosis	☐	☐	Muscular Dystrophy
☐	☐	Asthma	☐	☐	Nervous Disorders
☐	☐	Back/Neck Problem	☐	☐	Numbness of Extremities
☐	☐	Brain Damage	☐	☐	Parkinson's Disease
☐	☐	Bronchitis	☐	☐	Psychoneurotic Disability (following treatment in a recognized medical or mental institution)
☐	☐	Cancer			
☐	☐	Cardiac Disease			
☐	☐	Carpal Tunnel Syndrome			
☐	☐	Cerebral Vascular Accident	☐	☐	Reflex Sympathetic Dystrophy
☐	☐	Chronic Headaches	☐	☐	Repetitive Motion Injury
☐	☐	Chronic Osteomyelitis	☐	☐	Residual Disability from Polio
			☐	☐	Rheumatism
☐	☐	Compressed Air Sequelae	☐	☐	Rotator Cuff Injury
☐	☐	Diabetes	☐	☐	Ruptured Intervertebral Disc
☐	☐	Dizziness	☐	☐	Silicosis
☐	☐	Double Vision (blurred sight)	☐	☐	Spinal Fusion
☐	☐	Emphysema	☐	☐	Stroke
☐	☐	Epilepsy	☐	☐	Sugar in Urine
☐	☐	Head Injury	☐	☐	Surgical Removal of Intervertebral Disc
☐	☐	Heart Condition			
☐	☐	Heavy Metal Poisoning	☐	☐	Thrombophlebitis
☐	☐	Hemophilia	☐	☐	Thoracic Outlet Syndrome
☐	☐	High/Low Blood Pressure	☐	☐	Thyroid Condition

☐	☐	Hodgkin's Disease	☐	☐	"Trick" Knee or Shoulder
☐	☐	Hyperinsulinism	☐	☐	Tuberculosis
☐	☐	Hypertension	☐	☐	Varicose Veins
☐	☐	Ionizing Radiation Injury			
☐	☐	Kidney Disorder			
☐	☐	Loss of Hearing (more than 75%)			
☐	☐	Loss of Sight (of one or both eyes or a partial loss of uncorrected vision)			

REMARKS: If you answered "yes" to any question above, indicate the nature of the injury/illness, name and address of the treating health care provider, area of specialty and approximate date/year of the illness/injury.

_____

_____

_____

_____

SECTION 2: PLEASE ANSWER THE FOLLOWING QUESTIONS AND PROVIDE AS MUCH INFORMATION AS POSSIBLE.

1. Has any doctor ever restricted your activities due to injury, disability or medical condition?

☐ YES ☐ NO

If yes, please describe the reason for the restrictions, the type of restrictions, whether the restrictions were temporary or permanent, and whether you presently have any restrictions on your physical activities.

_____

_____

2. Have you ever been assessed any percentage of permanent disability to any part of your body?

☐ YES ☐ NO If yes, please explain:

_____

_____

3. Are you presently or have you ever been under the care of a doctor, chiropractor, or other health care provider for any serious injury, disability or medical condition?

☐ YES ☐ NO

If yes, please list the condition, injury or illness(s) being treated, the name of the doctor(s), field of specialty, address and telephone number, and dates of treatment.

_____

_____

4. Are you presently or have you ever taken any medication for any serious injury, disability or medical condition?

☐ YES ☐ NO

If yes, please list the name or type of medication, the medical condition being treated, and the name, address and telephone number of the physician who prescribed the medication, area of specialty, and dates of treatment.

_____

_____

5. Have you ever had surgery (other than cosmetic) to any part of your body ? ☐ YES ☐ NO

If yes, please list the part(s) of the body operated on, the type of operation performed, the date (or approximate date), the hospital, and the name, address, and phone number of the doctor performing the surgery (if known).

_____

_____

_____

6. Have you ever received treatment for your head, neck, back or extremities (arms, wrists, legs, knees, etc.) from a doctor, chiropractor, physical therapist or other health care provider?

☐ YES ☐ NO

If yes, please list the name, address and phone number of all doctors, chiropractors, physical therapists, and other health care providers who provided such treatment, the dates of the treatment and the diagnosis provided.

_____

_____

_____

7. Are you aware of any physical condition or injury that might impair or limit your ability to work in this position? ☐ YES ☐ NO If yes, please describe the condition or injury.

_____

_____

8. Have you ever received workers' compensation benefits for an injury that occurred at work?

☐ YES ☐ NO

If yes, please list the name of the employer, the nature of the injury and the dates, and the dates you received compensation.

_____

_____

I HAVE READ ALL __ PAGES OF THE LOUISIANA SECOND INJURY FUND POST OFFER OF EMPLOYMENT MEDICAL INQUIRY. I FULLY UNDERSTAND AND HAVE TRUTHFULLY AND FULLY ANSWERED ALL OF THE QUESTIONS, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

I UNDERSTAND THAT MY FAILURE TO TRUTHFULLY ANSWER ANY OF THE ABOVE QUESTIONS MAY RESULT IN THE FORFEITURE OF WORKERS' COMPENSATION AND MEDICAL BENEFITS UNDER THE LOUISIANA WORKERS' COMPENSATION STATUTE (LA.R.S. 23:1208.1).

SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____

John Bel Edwards

Governor

State of Louisiana

OFFICE OF THE GOVERNOR

Office of Elderly Affairs

The Office of State Uniform Payroll (OSUP) offers **active** employees the option to self-view and print their W-2 in Louisiana Employee On-Line Services (LEO) in lieu of receiving a paper W-2 form via the United States Postal Service (USPS). OSUP is reminding **active** employees who have not elected the self-view and print option, to do so by December 31.

If you are an active employee and have already opted to self-view and print your W-2, no action is needed. It is, however, recommended that you review your record in LEO, to ensure your election was recorded and saved for future calendar years.

Participation is optional for all active employees:

- If you are actively employed and wish to take advantage of the W-2 on-line self-view and print option you must provide consent in LEO by **December 31**. W-2s will be available in LEO for viewing and printing by **mid-January**.
- If you do not provide consent by the required deadline, you revoke your consent, or you do not wish to use this service you will continue to receive a paper W-2 Form through the USPS. All paper W-2 Forms will be mailed **January 31** or the next business day if January 31 falls on a weekend.
- Once consent is given, it will remain for all future reporting periods unless you revoke the decision or separate from employment. To revoke your consent, you **must** do so in LEO by the December 31 deadline for the current reporting year.
- Employees who separate from state service do not have the option of receiving their W-2 on-line but will receive a paper W-2 through the USPS. Paper W-2 Forms will be mailed **January 31** or the next business day if January 31 falls on a weekend.

Participation is fast, easy and no cost to you:

- To provide consent, revoke consent, and view and print your W-2 you simply have to sign on to LEO using your active password. Follow the step-by-step guidelines provided to you in LEO.
- To view and print your W-2 you will need an internet connection, web browser, access to LEO with an active password and Adobe Acrobat software.
- There is no cost to you for this service; however, receiving your W-2 faster may give you a head start on completing your annual IRS tax filing and, if applicable, any refund may be received sooner.
- Once the W-2s are available in LEO **(by mid-January)**, you may view and print your W-2 as often as needed at no cost to you.

Duplicate W-2 Information:

- After providing consent in LEO, an employee may still request a paper Form W-2 by contacting their agency's EA/HR Department and completing the Request for Duplicate W-2 Form, OSUP/F37.
- Duplicate W-2 copies for active employees not choosing the on-line self-view and print option will be available in LEO beginning February 1.
- Separated employees needing a duplicate copy of their W-2 should contact their EA/HR Department to complete the Request for Duplicate W-2 Form OSUP/F37. Duplicate W-2 requests for separated employees will not be processed until mid-February.

You must maintain your current contact information in LEO or through your EA/HR Department. This will allow for all notices and updates to be provided to you regarding your paper W-2 and W-2 on-line self-view and print options.

The Division of Administration will continue to inform you, through your agency, of all required information regarding the W-2 on-line self-view and print option, deadlines, and/or contact information changes.

We encourage you to make your election by the December 31 deadline.

If you have any questions regarding this process, please contact Angela Calhoun at 225-342-9677.

Overview

The State of Louisiana is entrusted with sensitive, proprietary and confidential information, including Protected Health Information (PHI), Federal Tax Information (FTI), Criminal Justice Information (CJI), and Personally Identifiable Information (PII) and acknowledges that it should take steps to protect that information. One such step is to confirm that users of the State's information take responsibility for the protection and appropriate use of the State's information in accordance with the State's Information Security policies and procedures. Effective protection of such information requires the participation and support of every State employee, independent contractor and third party affiliate ("Users"). It is the responsibility of every User to acknowledge and follow the guidelines in this Policy.

Purpose

The purpose of this Policy is to provide guidance for the acceptable use of computer equipment and information within an Agency. Inappropriate use exposes the State to risks such as data loss, data corruption, unplanned service outage, unauthorized access to Agency data, and potential legal issues.

Applicability

This policy applies to all Users, including State employees, independent contractors and all other workers at an Agency, including all personnel affiliated with third parties. This policy applies to all computing systems, electronic media and printed materials that are utilized, owned, managed, or leased by an Agency or the Office of Technology Services (OTS).

General Requirements

All Users are responsible for exercising good judgment regarding use of State resources in accordance with State's Information Security policies and procedures. The State's resources may not be used for any unlawful purpose. If you have a question regarding the proper use of technical resources, contact the Information Security Hotline toll free at (844) 692-8019.

All State systems, including handheld or mobile devices, computing devices, operating systems, applications, storage media, network accounts, Internet, Intranet, Extranet, and remote access are the property of State. These systems are to be used for business purposes in serving the interests of State, and of Agency clients and customers in the course of normal operations.

Any personal device used in serving the interests of State, must be approved by applicable Agency leadership and the Information Security Team (IST).

Any data created or stored on Agency computing systems remains the property of the Agency. Any personal use of the Agency systems, including any documents or emails, are also the property of the Agency and the State makes no guarantee as to the confidentiality of personal use of Agency systems.

For security, compliance, and maintenance purposes, authorized personnel may monitor and audit Agency computing systems and networks per the State's policies and procedures and to confirm compliance.

User Accounts

The State's Users are responsible for the security of data, accounts, and systems under their control.

Keep passwords secure and do not share account or password information with anyone. For example, do not write passwords down, do not email them and always use complex passwords (e.g., at least 8 characters long using a combination of lower case, upper case, numbers, and special characters).

Providing access to another individual, either deliberately or through failure to secure its access, is a violation of this Policy.

If you believe that you have been granted access to systems or data outside the scope of your employment responsibilities or job function, please contact the Information Security Hotline toll free at (844) 692-8019.

Computing Systems

Users are responsible for ensuring the protection of assigned computing devices, including any electronic devices such as laptops, PDAs, mobile devices, and electronic media.

Users are also responsible for ensuring the protection of any personal devices used in the interest of the State.

State Employees using their vehicles to transport the State's Computing Systems should exercise the utmost caution to safeguard the privacy of and access to such devices. At no time should such equipment be left on car seats, in plain view, in unlocked vehicles or stored in vehicles overnight.

Computing Systems that are stored overnight at non State facilities must be secured with reasonable assurance of privacy to the Data residing on the Systems.

Users of Agency Computing Systems must promptly report any theft or loss to the End User Support Services.

Security and Access Requirements

All State Computer Systems or Agency approved personal devices used for State business purposes (e.g., PCs, laptops, workstations, smartphones, etc.) should be secured with a password-protected screensaver with the automatic activation feature set at 15 minutes or less.

Users shall not create new passwords that are similar to passwords that have been previously used; create passwords that contain any reference to the State in any form (i.e., Pelican, Saints, etc.); create passwords that contain any personal data such as any portion of the user ID or name, a spouse's name, or a pet's name; or create passwords that appear in the dictionary.

Users should secure their workstations by logging off or locking (control-alt-delete or Windows Key + L) the device when unattended.

Users must use due care when transmitting or storing sensitive information. Communications outside of an Agency Network should use mechanisms approved by the Information Security Team (IST) for protecting Confidential or Restricted Data (e.g., encryption).

Portable computers are especially vulnerable and will be protected by a current Antivirus solution and Personal Firewalls, installed or approved by OTS, and may not be disabled or modified by Users.

Users must use extreme caution when accessing electronic media received from outside the State.

Users shall take the necessary and appropriate precautions when opening attachments or emails and shall not open or click on attachments or emails when unsure of the legitimacy of the source or sender.

Known incidents or infections from a virus, malware, or other malicious software should be immediately reported to the Information Security Team.

Streaming media should only be accessed for business purposes from trusted commercial sites. All other streaming media is prohibited.

Meeting hosts should verify that all meeting attendees are authorized access to information shared during meetings (including online meetings). Remote meetings security features, such as pass codes or passwords, should be used to restrict access to the meeting to only authorized individuals. Remote meeting presenters should take care to close, or protect, Confidential or Restricted Data while in "desktop sharing" mode.

Users will take reasonable steps to protect all State property and information from theft, damage, or misuse. This includes maintaining and protecting User workspace, equipment, and information from unauthorized access whether working at Agency facilities or offsite.

Users must use only authorized Instant Messenger clients; all other forms of instant messenger software are prohibited.

Newsrooms, Social Media Sites, and Social Networking Sites

Postings by State Employees regarding Agency business information or news to newsgroups, chatrooms, Internet Relay Chat (IRC), Facebook, Myspace, or other social networking or social media sites is strictly prohibited unless expressly approved in writing by the Agency Communication Director or Executive Leadership. If the User identifies himself or herself as employee or agent of the Agency on any Internet site, any postings to such sites must contain a clear disclaimer that the opinions expressed are solely those of the author and do not represent the views of the Agency or the State of Louisiana.

Virtual Private Network (VPN) Usage

It is the responsibility of users with VPN privileges to protect their VPN login and account information.

Connections to State resources via the VPN must originate from Agency authorized End User devices.

Users understand and acknowledge that by using VPN technology the connected computing resource is a de facto extension of the State's network, and as such is subject to the same rules and regulations that apply as if connected locally to the network.

Connections to non-State VPNs from within a State network must be specifically authorized by the Information Security Team (IST).

Physical Security

A State issued Identification badge must be worn on your person in a visible location at all times within a State facility. The identification badge must be properly secured and a lost badge must be immediately reported to the Information Security Team (IST).

Do not facilitate the entry of non-badge personnel at any time. All visitors must check in at the reception area, clearly wear the Visitor badge at all times, and remain with their designated escort at all times. Guests are not allowed in the State facilities after hours except with the specific authorization of Agency leadership.

Individuals with Agency provided equipment must take appropriate measures to protect the equipment from theft, unauthorized use, or other activity that violates the State's Information Security Policy.

Individuals with access to Confidential or Restricted Data should maintain a clean desk, pickup printed materials in a timely manner and appropriately secure paper based documents when they are not in use.

Privileged User Accounts

Users with privileged user accounts (*e.g.*, administrator or super-user accounts) must agree to the following:

- Individuals with Privileged User Accounts understand it is their responsibility to comply with all security measures necessary and assist in enforcing the Information Security Policy.
- Privileged User Accounts may only be used for valid business functions that require privileged access. Privileged account users must still abide by the least privilege principal and must not access or alter data for which they have no valid business reason to do so.
- Individuals will login to an Agency environment using standard user credentials and then log in to a specific privileged account, except when logging directly into a system interface console.
- Privileged user accounts may not be used to modify the individual's standard user account.
- Privileged user accounts must comply with requirements of the Information Security Policy prior to modifying any system or user account.
- Individuals with privileged user accounts understand and acknowledge that all privileged user account activity is closely monitored. Individuals with privileged user accounts may not use those accounts to modify, alter, or destroy monitoring log data, except as required by their position responsibility as it relates to log rotation.

- Individuals with privileged user accounts, and their supervisor or manager, will notify the Information Security Team when the privileged user account is no longer required to perform that individual's job function.

Unacceptable Use

The following activities are, in general, prohibited. To the extent a State User needs to be exempted from one of the following restrictions for legitimate job responsibilities (e.g., systems administration staff may have a need to disable the network access of a host if that host is disrupting production services), that State User will be provided express authorization from the Information Security Team. The activities below are by no means exhaustive, but attempt to provide a framework for activities which fall into the category of unacceptable use.

System and Network Activities

The following activities are strictly prohibited, with no exceptions:

- Engaging in any activity that is illegal under local, federal, or international law.
- Violations of the rights of any person or company protected by copyright, trade secret, patent or other intellectual property, or similar laws or regulations, including the installation or distribution of "pirated" or other software products that are not appropriately licensed for use by the State of Louisiana.
- Unauthorized copying of copyrighted material including digitization and distribution of photographs from magazines, books or other copyrighted sources, copyrighted music, and the installation of any copyrighted software for which the State or the end user does not have an active license is strictly prohibited. The use of any recording device, including digital cameras, video cameras, and cell phone cameras, within the premises of any State properties to copy or record any Internal, Confidential, or Restricted Data is prohibited.
- Connecting network devices such as wireless access points or personal laptops into the State's network environment without proper authorization from the Information Security Team (IST).
- Intentional introduction of malicious programs into the network or server (e.g., viruses, worms, Trojan horses, e-mail bombs, etc.).
- Revealing your account password to others or allowing use of your account by others. This includes family and other household members when work is being done at home.
- Using an Agency computing asset to actively engage in procuring or transmitting material that is in violation of sexual harassment or hostile workplace laws in the user's local jurisdiction.
- Making fraudulent offers of products, items, or services originating from any State issued user account.
- Effecting security breaches or disruptions of network communication. Security breaches include accessing data of which the individual is not an intended recipient or logging into a server or account that the individual is not expressly authorized to access, unless these duties are within the scope of regular duties. For purposes of this section, "disruption" includes degrading the performance, depriving authorized access, disabling or degrading security configurations.
- Port scanning or security scanning is expressly prohibited unless prior approval is granted by the Information Security Team.
- Executing any form of network monitoring which will intercept data not intended for the user's host, unless this activity is a part of the user's normal job/duty.
- Circumventing user authentication or security of any host, network or account.
- Interfering with or denying service to any User (e.g., denial of service attack).
- Intentionally restrict, disrupt, impair, or inhibit any network node, service, transmission, or accessibility.
- Utilizing unauthorized peer-to-peer networking or peer-to-peer file sharing.
- Utilizing unauthorized software, hardware, proxy avoidance websites or services, or any other means to access to any internet resource or website that has been intentionally blocked or filtered by the State, Agency, or IST.

Email and Communications Activities

- Sending non-business related unsolicited email messages, text messages, instant messages, or voice mail, including the sending of "junk mail" or other advertising material to individuals who did not specifically request such material (email spam).
- Engaging in any form of harassment or discrimination through email or other electronic means.
- Use of personal email account from the State networks.
- Forging, misrepresenting, obscuring, suppressing, or replacing a user identity on any electronic communication to mislead the recipient about the sender.
- Soliciting email for any other email address (e.g., phishing), other than that of the poster's account, with the intent to harass or to collect replies.
- Creating or forwarding chain letters, Ponzi or other pyramid schemes to a State User, unless specifically requested by such State User.
- Posting non-business-related messages to a large numbers of Usenet newsgroups (newsgroup spam).
- E-mail may not be stored on personal devices (e.g., home computers, personal laptops, PDA's, Smartphones, etc.) except as authorized by the Information Security Team (IST).
- Text messages should not to be used for business discussions. Confidential and Restricted Data shall not be communicated over text messaging.

Users of Confidential and Restricted Information

- By signing this Agreement, Users acknowledge that they are aware of and understand the State's policies regarding the privacy and security of individually identifiable health, financial, criminal and other personal information of individuals and employees, including the policies and procedures relating to the use, collection, disclosure, storage, and destruction of Confidential and Restricted Data.
- In consideration of Users' employment or association with the State and as an integral part of the terms and conditions of such employment or association, Users covenant, warrant, and agree that they shall not at any time, during their employment, contract, association, or appointment with the State or after the cessation of such employment, contract, association, or appointment, access or use Confidential or Restricted Data except as may be required in the course and scope of their duties and responsibilities and in accordance with applicable law and corporate and departmental policies governing the proper use and release of Confidential or Restricted Data.
- Users must understand and acknowledge their obligations outlined hereinabove will continue even after the termination of employment, contract, association, or appointment with the State.
- Users must also understand that the unauthorized use or disclosure of Restricted Data shall result in disciplinary action up to and including termination of employment, contract, association, or appointment, the institution of legal action pursuant to applicable state or federal laws, and reports to professional regulatory bodies.
- Users further acknowledge that by virtue of their employment, contract, association, or appointment with the State, they may be afforded access to Confidential Information concerning the operations and practices of a State Agency, which shall specifically include, but shall not be limited to inventions and improvements, ideas, plans, processes, financial information, techniques, technology, trade secrets, manuals, or other information developed, in the possession of, or acquired by or on behalf of the State, which relates to or affects any aspect of Sate's operations and affairs ("Confidential Information"). Users agree that they will not use, disclose, or distribute Confidential Information or information derived therefrom except for the exclusive benefit of the State Agency.
- Users understand, acknowledge, and agree that nothing contained herein shall be deemed or regarded as an employment contract or any other guarantee of employment, and shall not otherwise alter or affect User status as an at-will employee (or where applicable, independent contractor) of the State.

Enforcement

Any User found to have violated this Policy may be subject to disciplinary action, up to and including dismissal, or criminal or civil legal actions.

	State Employee	Contractor
Name:		
Title:		
Agency:		
Phone:		
Email:		
Signature:		
Date:		

OSUP/F100
07/15

State of Louisiana—Office of State Uniform Payroll
Affordable Care Act (ACA)
Newly Hired Employee Offer of Coverage Worksheet

This worksheet is used to document the LaGov HCM Paid Agency's reasonable expectations regarding the "full-time" status of a newly hired/transferred employee. **A copy of this completed form should be maintained in the employee's file.**

1. Personnel Area Number/Name	2. Employee Name
3. Personnel Number	4. Date of Hire
5. Expected Length of Employment	

6. Did the newly hired/transferred employee work for any LaGov HCM paid agency in the last 12 months?

- ☐ YES – Proceed to 7
- ☐ NO – Proceed to 9

7. Was the newly hired/transferred employee in a standard or initial measurement period at any agency?

- ☐ YES – Proceed to 9
- ☐ NO – Proceed to 8

If you are unsure, contact the prior employing agency or execute the ACA report (ZP136).

8. Is the newly hired/transferred employee in a current stability or initial stability period at any agency?

- ☐ YES – Employees continues to be eligible for health coverage. Make appropriate entries in LaGov HCM.
- ☐ NO – Proceed to 9

Note: A break in service only ends the stability period if it was: (1) at least a 13 week break in service, OR (2) a break in service of at least four (4) weeks but longer than the prior period of employment.

9. Does the agency expect the newly hired/transferred employee to work at least 30 hours per week at the time of hire/transfer?

- ☐ YES – The offer of health coverage must be made in accordance with OGB guidelines. **Enter applicable information in eEnrollment/LaGov HCM. Document the offer (GB-01) and keep copy for file.**
- ☐ NO – Proceed to 10

*IMPORTANT: The offer of coverage **must** be documented and filed in the employee's file.*

10. Is the newly hired/transferred employee replacing a full-time (at least 30 hours) position? Example: the employee is filling in for a permanent position while the employee holding the position is out on leave.

- ☐ YES – The offer of health coverage must be made in accordance with OGB guidelines. **Enter applicable information in eEnrollment/LaGov HCM. Document the offer (GB-01) and keep copy for file.**
- ☐ NO – Proceed to 11

*IMPORTANT: The offer of coverage **must** be documented and filed in the employee's file.*

11. Is the newly hired/transferred employee a variable hour employee? A variable hour employee is defined as an employee for whom the agency cannot reasonably determine based on the facts and circumstances upon the date of hire whether the new hire will work on average at least 30 hours per week.

OSUP/F100
07/15

State of Louisiana—Office of State Uniform Payroll
Affordable Care Act (ACA)
Newly Hired Employee Offer of Coverage Worksheet

Example: The employee will work 35 hours one week, 27 hours the next week, and 25 hours the following week.

- ☐ YES – The agency will measure the employee over the 24 pay period initial measurement (look-back) period. Enter applicable information in eEnrollment/LaGov HCM. Utilize the ACA report (ZP136) periodically to track hours worked. This report must be run at the end of the IMP to determine if employee meets the ACA definition of full time.
- ☐ NO – Employee is considered a part-time employee (works less than 30 hours per week) and is not eligible for health coverage. Utilize the ACA report (ZP136) periodically to track hours worked. This report must be run at the end of the IMP to determine if employee meets the ACA definition of full time.

Form Completed by (Print Name) Title Date

Definitions

Full-time—The employee is expected to work at least an average of 30 or more hours per week

Part-time—The employee is expected to work less than an average of 30 hours per week.

Variable— It cannot be determined at the date of hire if the employee will work an average of 30 hours per week.

Office of the State Americans with Disabilities Act Coordinator (OSADAC)

VOLUNTARY SELF-IDENTIFICATION OF DISABILITY FORM

Employee Name: _____ Personnel #: _____

Why are you being asked to complete this form?

As an executive branch state agency, the [Office of Elderly Affairs is required by La. R.S. 46:2597 to establish annual strategies and goals related to employment of individuals with disabilities. In order to effectively measure and report our progress to this end, La. R.S. 46:2597 requires us to ask employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five (5) years.

Identifying yourself as an individual with a disability is **voluntary**, and we hope that you will choose to do so (if applicable). Your answer will be maintained confidentially and will not be seen by hiring officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way. For more information about this form or the Americans with Disabilities Act, visit the Office of the State Americans with Disabilities Act (ADA) Coordinator's website at https://www.doa.la.gov/office-of-state-ada-coordinator/.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment that substantially limits a major life activity, or if you have a history or record of such an impairment. Disabilities include, but are not limited, to:

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition, for example, migraine headaches, Parkinson's disease or Multiple Sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, Post Traumatic Stress Disorder (PTSD) or major depression

Please check ONE of the boxes below:

☐ **YES**, I have a disability ☐ **NO**, I do not have a disability ☐ I do not wish to answer

You are encouraged to carefully review our agency's policy specific to the Americans with Disabilities Act and/or Disability Rights, and to request workplace accommodations as may be needed for your disability.

Employee Signature: _____

Date: _____

In accordance with La. R.S. 46:2597, this form shall be confidential and filed in a folder separate from the employee's personnel file.

☐ REVISION
☐ NEW REQUEST

GOVERNOR'S OFFICE OF ELDERLY AFFAIRS
PLANNED WORKING TIME CHANGE NOTIFICATION

Employee Name	
Employee Personnel Number	

I request to set my planned working time schedule as follows **Effective Date:**_____

Option 1 **Five 8 hours workdays M-F** ***Schedule between 7 am- 7 pm**		Time In_____ Time Out_____ *Include 30 min lunch break
Option 2: **Four 10 hour work days M-F** **Choose a requested off day and an alternate day. ⇒** ***Schedule between 6 am-7pm**	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday **Alternate Day**_____	Time In_____ Time Out_____ *Include 30 min lunch break
Four 9-hour and **One 4-hour work day** **Choose requested 4-hour work day and alternate day.** ***Schedule between 6 am-7pm**	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday **Alternate Day**_____	Time In_____ Time Out_____ *Include 30 min lunch break

☐ APPROVED _____

☐ APPROVED WITH CHANGES _____

APPROVED BY MANAGER _____ DATE _____

- I acknowledge that I am aware that changes to working times or schedules shall be submitted at the end of each quarter (March, June, September, or December.) Requests based on medical needs may be submitted at any time although additional documentation will be required.

_____ DATE _____

Employee's Signature

Office of Elderly Affairs
Personnel Manual
CONFIRMATION FORM

CONFIRMATION AND CONSENT FORM

OFFICE OF ELDERLY AFFAIRS

Having received a copy of the current Office of Elderly Affairs Personnel Manual, I state that I have read and understand the contents.

Signature_____Date_____

SAFETY MANUAL

I certify that I have been trained on the following OEA Safety Policies:
Blood borne Pathogens, Violence in the Workplace, Drugs Free Workplace, Sexual Harassment, Defensive Driving, General Safety Procedures and Safety Responsibilities and Assignment of Responsibilities

_____
Name

_____
Date

GOVERNOR'S OFFICE OF ELDERLY AFFAIRS
POLICY PROHIBITING SEXUAL HARASSMENT

ACKNOWLEDGEMENT AND CERTIFICATION

My signature hereon acknowledges that:

1) I received a copy of GOEA's Policy Prohibiting Sexual Harassment;

2) I read this Policy;

3) I understand the content of this Policy;

4) I agree to abide by the terms and provisions of this Policy;

5) I understand that compliance with this Policy is a condition of employment; and

6) I understand that disciplinary action, including the possibility of dismissal, will be imposed on those who violate the terms and provisions of this Policy.

EMPLOYEE SIGNATURE _____ DATE _____

EMPLOYEE NAME (PRINT) _____

****

HUMAN RESOUCES CERTIFICATION

My signature hereon acknowledges that:

1) I personally discussed in detail GOEA's Policy Prohibiting Sexual Harassment with the employee identified above;

2) I answered this employee's questions regarding this Policy;

3) I confirmed this employee's completion of the online training on sexual harassment provided through CPTP; and

4) I informed the employee of the consequences of violating this Policy.

HR SIGNATURE _____ DATE _____

HUMAN RESOURCES NAME (PRINT) _____

****

STATE OF LOUISIANA

DRIVER AUTHORIZATION FORM

TO BE COMPLETED ANNUALLY, UPON CHANGE OF STATE OF ISSUANCE, CLASS OF LICENSE, AND/OR DRIVING RESTRICTION CHANGE

Agency: _____
Employee Name: _____ Employee Number: _____
Immediate Supervisor: _____ Driver Training Course (MM/DD/YY): _____
Drivers License Number: _____ State of Issuance: _____

AGENCY HEAD OR DESIGNEE AUTHORIZATION

By executing this document, I have reviewed the Official Driving Record and Driver Training Course dates and have confirmed the information to be current and in accordance with the ORM Loss Prevention requirements.

My signature authorizes the aforementioned employee to drive the following on state business as required (check all that apply):

_____ STATE VEHICLE
_____ RENTAL VEHICLE
_____ PERSONAL VEHICLE

_____ _____
AGENCY HEAD (or designated individual) DATE OF AUTHORIZATION

EMPLOYEE ACKNOWLEDGEMENT/AUTHORIZATION

This is to certify that, as a condition of and if authorized to drive my personal vehicle on state business, I have and will maintain at least the minimum liability coverage as required by *LA. R.S. 32:900 (B) (2).*

I understand that the use of my vehicle on state business requires prior written authorization from my supervisor or agency head.

Further, by signing this document, I agree to notify my agency in writing should any of the following change on my license: Drivers License No., State of Issuance, Class of License or Driving Restrictions.

I authorize my agency to obtain access to my Official Driving Record (ODR) as necessary to comply with the State's Loss Prevention Program.

I affirmatively acknowledge and understand that operating a state-owned, state-rented or state-leased vehicle while intoxicated as set forth in R.S. 14:98 and 14:98.1 is strictly prohibited, unauthorized, and expressly violates both the terms and conditions of my use of said vehicle, and my employer's instructions. In the event such operation results in my being convicted of, pleading nolo contendere to, or pleading guilty to, driving while intoxicated under R.S. 14:98 or 14:98.1, I acknowledge and understand that such would constitute evidence of: (1) my violating the terms and conditions of my use of said vehicle, (2) my violating the direction of my employer, and (3) my

My signature on this document shall remain in effect until revoked by the agency or until a new form is executed.

_____ _____
EMPLOYEE SIGNATURE DATE

07/01/2012
DA 2054

ANNUAL SUPPLEMENTAL SIGNATURE PAGE

EMPLOYEE NAME:_____

DRIVERS LICENSE NUMBER:_____

DEPARTMENT/AGENCY:_____

AGENCY HEAD OR DESIGNEE STATEMENT

By executing this document, I have reviewed the following and have confirmed the information to be current and in accordance with the ORM Loss Prevention requirements:

Official Driving Record
Drivers Training Course

Further, my signature allows the aforementioned employee to drive a state vehicle, rental vehicle or personal vehicle on state business.

Agency Head (or designated individual)	*Date of Authorization*
Agency Head (or designated individual)	*Date of Authorization*
Agency Head (or designated individual)	*Date of Authorization*
Agency Head (or designated individual)	*Date of Authorization*
Agency Head (or designated individual)	*Date of Authorization*
Agency Head (or designated individual)	*Date of Authorization*
Agency Head (or designated individual)	*Date of Authorization*

(DUPLICATE SUPPLEMENTAL SIGNATURE PAGE AS NEEDED)