CALCASIEU PARISH SCHOOL BOARD FEDERAL PROGRAMS DEPARTMENT

Form NP-C-1

2423 6TH Street LAKE CHARLES, LA 70601

Phone: 337-217-4170 Ext. 2408 Fax: 337-217-4173

NON-PUBLIC SCHOOL EMPLOYEE STATUS CHANGE FORM

Employee Name:	SS#:
	Cell Phone Number:
etired Teacher Information	ONLY:
	ting as an active employee in:
Teachers' Retirement S	System Name of School System
School Employees' Re	tirement System
Yes No I am currently receiving	g retiree benefits through:
Teachers' Retirement	System
School Employees' Re	tirement System
Yes No I have retired within t	he last 12 months from: Date:
Teachers' Retirement	
School Employees' I	
Yes No I have contacted the L	A State Department Retirement System in regard my teacher retirem
	t Name: Date:
ıployee Signature:	Date:

The Federal Programs Dept. will forward this change form to the Personnel Department and Accounts Payable Department.