

PIP UPDATE

Current School System

Please fill out the following information if you have completed the five-year plan of the LOUISIANA EDUCATIONAL EMPLOYEES PROFESSIONAL IMPROVEMENT PROGRAM (PIP). If this does not apply to you, please fill out the first line and then write NOT APPLICABLE on the same line.

NAME: _____

SOCIAL SECURITY NUMBER: _____

LOCAL SYSTEM IN WHICH YOU WERE PREVIOUSLY EMPLOYED:

AMOUNT OF PERMANENT PIP INCREMENT: _____

If you are unsure of the amount, the local PIP contact person can verify the amount for you by calling the State PIP Office at PIPFinanceHelpDesk@la.gov.

If you have had a break-in-service, i.e., if you retired or if you left teaching and are now returning, please answer the following questions:

1. What was the last year you taught and received PIP? _____
2. In which school system were you last receiving PIP? _____

Signature

Date

Copies: 1. School System PIP Contact