MEET THE Faces OF LASERS

NOMINATION FORM

If you know an exemplary public employee (and member of LASERS), you may nominate him or her for a feature story in *The Beam* by filling out this form.

DISCLAIMER: Nominations for the Faces of LASERS are encouraged and appreciated. Selections will be made at the sole discretion of LASERS. Consent of the member to the feature will be required.

Your Name: _____

Your Phone Number.: _____

Your Email Address: _____

Best way to contact you: ☐ Phone ☐ Email

Nominee's Name:_____

Nominee's Agency: _____

Nominee's Title:_____

Why should the nominee be considered for Faces of LASERS?

LASERS
Louisiana State Employees' Retirement System

Mail or fax nomination form to:

LASERS
ATTN: Public Information Division
P.O. Box 44213
Baton Rouge, LA 70804-4213

Phone: 225.922.0600
Fax: 225.922.9612

Email Form