



## DEPUTY SHERIFFS' SUPPLEMENTAL PAY BOARD

**Members:**

**Gary Bennett**  
Louisiana Sheriffs' Association

**John Fleming, MD**  
State Treasurer

**Taylor F. Barras**  
Commissioner of Administration

### CERTIFICATE OF PRIOR LOUISIANA STATE POLICE SERVICE R.S. 40:1667.7(D)

**RETURN COMPLETED FORM TO SHERIFF'S OFFICE**

TROOP OR SECTION		NAME	
ADDRESS		ADDRESS	
CITY		CITY	ZIP
TELEPHONE NO.		SOCIAL SECURITY NO. (LAST 4 DIGITS)	
DATES OF EMPLOYMENT	FROM	TO	CLASSIFICATION
DUTIES			
SALARY	NO. OF HOURS WORKED PER WEEK		I HEREBY CERTIFY THAT THE PERSON NAMED IN THIS APPLICATION WAS A FULL-TIME PAID EMPLOYEE OF THIS AGENCY.
SUPERINTENDENT			

**DATE LAST PAID** (MONTH, DAY, YEAR) \_\_\_\_\_ **AMOUNT PAID \$** \_\_\_\_\_