



DEPUTY SHERIFFS' SUPPLEMENTAL PAY BOARD

Members:

Gary Bennett
Louisiana Sheriffs' Association

John Fleming, MD
State Treasurer

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Commissioner of Administration

CERTIFICATE OF MUNICIPAL POLICE PRIOR SERVICE

R.S. 40:1667.1(B)(2)

RETURN COMPLETED FORM TO SHERIFF'S OFFICE

CITY OR POLICE DEPARTMENT		NAME	
		ADDRESS	
		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 PAID FULL-TIME EMPLOYEE OF THIS DEPARTMENT.
MAYOR			DATE
POLICE CHIEF			DATE

PAID SUPPLEMENTAL PAY (CIRCLE ONE) **YES** **NO**

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