



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 PRIOR WILDLIFE AND FISHERIES SERVICE AS A FULL-TIME POST CERTIFIED ENFORCEMENT AGENT R.S. 40:1667.1(B)(2)

RETURN COMPLETED FORM TO SHERIFF'S OFFICE

AGENT		NAME	
ADDRESS		ADDRESS	
CITY		CITY	ZIP
TELEPHONE NO.		SOCIAL SECURITY NO. (LAST 4 DIGITS)	
DATES OF EMPLOYMENT	FROM	TO	CLASSIFICATION
ENFORCEMENT 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
SECRETARY			DATE

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

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