



DEPUTY SHERIFFS' SUPPLEMENTAL PAY BOARD

Members:

Gary Bennett
Louisiana Sheriffs' Association

John Fleming, MD
State Treasurer

Taylor F. Barras
Commissioner of Administration

DSSP Employment Information Form

PARISH: _____

Deputy's Name: _____

Deputy's Title: _____

Deputy's SSN (last 4 digits): _____

Deputies must be commissioned and paid a salary of not less than \$350 per month.

- (1) Beginning employment date with your office as a full-time commissioned deputy sheriff whose salary is paid from the sheriff's general fund _____. If rehired with your office, give the beginning date for current employment _____.
- (2) Deputy's monthly salary: \$ _____.

New hires after March 31, 1986, must perform **full-time** direct law enforcement duties.

- (3) Describe present duties as a full-time deputy sheriff (**Show % of time for each duty**):

- (4) Deputies must complete one year of service before eligibility to receive supplemental pay. In the event of prior service as a deputy sheriff in another parish, municipal police officer or state police officer, an original **Certificate of Prior Service** must accompany the DSSP Employment Information Form. The Certificate of Prior Service **must be** an original, certified to and notarized by the sheriff of the parish, by the appropriate official in the office of state police or by the mayor and the chief of police in the municipality.

_____ Check if Certificate of Prior Service is attached

Deputies must hold a valid POST Certificate.

- (5) **POST TRAINING:** Attach a copy of the Post Certificate and enter the date completed by the appropriate certificate listed below.

BASIC Date Completed _____

BASIC CORRECTIONAL PEACE OFFICER Date Completed _____

CERTIFICATE OF REGISTRATION ('grandfathered') Date Issued _____



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DSSP Employment Information Form (Continued)

- (6) Has the deputy experienced **over a five (5) year break** in full-time law enforcement service **since date of POST Certification**? _____ (YES) _____ (NO)

If yes, please list the dates: From _____ to _____

Employer: _____ Duties: _____

- (7) Have there been any **breaks** in employment with the sheriff's office **since the beginning date of employment as shown in (1) above**? If yes, please provide the dates:
_____ (YES) _____ (NO)

From _____ to _____ From _____ to _____

- (8) If this request for supplemental pay includes a request for back pay, please explain the reason(s) the deputy was not added to the invoice **at the time** the deputy became eligible for supplemental pay?

- (9) If this request for supplemental pay includes a request for back pay, does the back pay include reimbursement(s) for any previously paid supplemental pay by your office? If yes, what is the dollar amount and the period(s) of time?

From _____ to _____ Amount paid per month: \$ _____

From _____ to _____ Amount paid per month: \$ _____

- (10) Any other pertinent information that would be helpful in determining the deputy's eligibility for supplemental pay?