

# DEPUTY SHERIFFS' SUPPLEMENTAL PAY

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

## CERTIFICATE OF PRIOR WILDLIFE AND FISHERIES SERVICE

AS A FULL-TIME POST CERTIFIED ENFORCEMENT AGENT

### RETURN COMPLETED FORM TO SHERIFF'S OFFICE

AGENT		NAME	
ADDRESS		ADDRESS	
CITY		CITY	ZIP
TELEPHONE NO.		SOCIAL SECURITY NO.	
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	
<b>SECRETARY</b>		DATE	
<b>NOTARY</b>		DATE	

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

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