

CERTIFICATE

STATE OF LOUISIANA

PARISH OF _____

I, _____, Sheriff in and for the parish of _____,
do hereby certify, under oath, that the attached report of deputies qualified for State Supplemental Pay is true
and correct and was compiled under the following rule as to date of eligibility.

Each Deputy Sheriff employed full-time is commissioned and is earning a salary from the
Sheriffs Salary Fund of at least \$350.00 per month and meets all other requirements for eligibility, such
as employment in a qualified position and POST certification, which are applicable based on his date
of employment.

SHERIFF - Signature

SWORN TO AND SUBSCRIBED before me, this _____ day of

_____, _____.

NOTARY PUBLIC – Signature