

# DEPUTY SHERIFFS' SUPPLEMENTAL PAY

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

## CERTIFICATE OF PRIOR DEPUTY SHERIFF SERVICE

### RETURN COMPLETED FORM TO SHERIFF'S OFFICE

PARISH		NAME	
ADDRESS		ADDRESS	
CITY		CITY	ZIP
TELEPHONE NO.		SOCIAL SECURITY NO.	
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 FULL-TIME PAID EMPLOYEE OF THIS PARISH
SHERIFF			DATE
NOTARY			DATE

PAID SUPPLEMENTAL PAY (CIRCLE ONE) YES NO

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