

DEPUTY SHERIFFS' SUPPLEMENTAL PAY RECONCILIATION

PARISH _____
 MONTH _____

Reconciliation:
 No. of Deputies (Previous Month) _____
 No. of Deputies added + _____
 No. of Deputies deleted - _____
 Total No. of Deputies (Current Month) _____

PART 1 - Deputies receiving full supplemental pay in the current month - Include required paper work and list additions to the current month report

<u>No. of Deputies</u>	<u>Rate</u>	<u>Amount</u>	<u>Name</u>	<u>Eligibility Date</u>	<u>Explanation</u>
_____ @	\$500	_____	_____	_____	_____
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____

PART 2 - Deputies receiving partial pay in the current month - Include required paperwork

<u>No. of Deputies</u>	<u>Rate</u>	<u>Amount</u>	<u>Name</u>	<u>Explanation</u>
_____ @ \$	_____ = \$	_____	_____	_____
_____ @ \$	_____ = \$	_____	_____	_____
_____ @ \$	_____ = \$	_____	_____	_____
_____ @ \$	_____ = \$	_____	_____	_____
_____ @ \$	_____ = \$	_____	_____	_____
_____ @ \$	_____ = \$	_____	_____	_____
_____ @ \$	_____ = \$	_____	_____	_____
_____ @ \$	_____ = \$	_____	_____	_____

PART 3 - Other Adjustments - prior months

Refunds to State or Back Pay

<u>Amount</u>	<u>Name</u>	<u>Explanation</u>
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
_____	subtotal	
Part 2 \$ _____	total from continuation pages	
Part 3 \$ _____	total from continuation pages	

Cont. Pg. Part 2 _____
 No. of Deputies list below _____
TOTAL \$ _____

Prepared by: _____ **Date:** _____
 Phone _____ Fax _____

No. of Deputies **Amount Requested**

**DEPUTY SHERIFFS' SUPPLEMENTAL PAY RECONCILIATION
(continuation page)**

PARISH _____

MONTH _____

PART 2 Deputies receiving partial pay in the current month - Include required paper work

<u>No. of Deputies</u>	<u>Rate</u>	<u>Amount</u>	<u>Name</u>	<u>Explanation</u>
_____	@ \$ _____	= \$ _____	_____	_____
_____	@ \$ _____	= \$ _____	_____	_____
_____	@ \$ _____	= \$ _____	_____	_____
_____	@ \$ _____	= \$ _____	_____	_____
_____	@ \$ _____	= \$ _____	_____	_____
_____	@ \$ _____	= \$ _____	_____	_____
_____	@ \$ _____	= \$ _____	_____	_____
_____	@ \$ _____	= \$ _____	_____	_____
_____	@ \$ _____	= \$ _____	_____	_____
_____	@ \$ _____	= \$ _____	_____	_____
_____	@ \$ _____	= \$ _____	_____	_____
_____	@ \$ _____	= \$ _____	_____	_____
_____	@ \$ _____	= \$ _____	_____	_____
_____	@ \$ _____	= \$ _____	_____	_____
_____	@ \$ _____	= \$ _____	_____	_____
_____	@ \$ _____	= \$ _____	_____	_____

_____ **Page Total \$** _____
No. of Deputies **Amount**

DEPUTY SHERIFFS' SUPPLEMENTAL PAY RECONCILIATION
(continuation page)

PARISH _____

MONTH _____

PART 3 Other Adjustments – prior months

Refunds to State or Back Pay

<u>Amount</u>	<u>Name</u>	<u>Explanation</u>
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

Page Total \$ _____
Amount