LOUISIANA DEPARTMENT OF THE TREASURY

DEPUTY SHERIFFS' SUPPLEMENTAL PAY

BOARD OF REVIEW

# SHERIFFS' GUIDE TO DEPARTMENTAL POLICIES AND STATUTORY SPECIFICATIONS FOR THE ADMINISTRATION OF THE SUPPLEMENTAL PAY PROGRAM

**REVISED EFFECTIVE:**

**July 1, 2009**

## TABLE OF CONTENTS


I. EXTRA COMPENSATION FOR COMMISSIONED FULL-TIME DEPUTY SHERIFFS OF ALL PARISHES
- A. Supplemental Pay ..... 1
- B. Amount of Supplemental Pay ..... 1
- C. Eligibility ..... 1
- D. Eligible Position - Duties ..... 1
- E. Certificate of Training ..... 2
- F. Eligible Service ..... 2

II. DEPUTY SHERIFFS' SUPPLEMENTAL PAY REPORT
- A. Contents of Report ..... 3
- B. Certification by the Sheriff ..... 3
- C. Authorization to Sign the Parish Sheriff Certificate ..... 3
- D. Due Date of DSSP Report and Parish Sheriff Certificate ..... 3
- E. Extent of the Sheriff's Obligation ..... 3
- F. Extent of the State's Obligation ..... 4

III. ADDING ELIGIBLE DEPUTY SHERIFF TO DSSP REPORT ..... 4

IV. REMOVING DEPUTY SHERIFF ON LEAVE WITHOUT PAY ..... 4

V. SUPPLEMENTAL PAY RATES
- A. Current Pay Rate ..... 5
- B. Partial Monthly Payments ..... 5

VI. DSSP BOARD OF REVIEW
- A. Board of Review ..... 5
- B. Eligibility Determination ..... 6
- C. Reinstatement of Back Pay ..... 6
- D. Worker's Compensation ..... 6
- E. Correspondence ..... 6

VII. APPENDIXES
- i. DSSP Employment Information Form (III) ..... A-1
- ii. DSSP Prior Service Credit Form (I. F) ..... A-4
- iii. Certificate of Prior Deputy Sheriff Service (I. F) ..... A-5
- iv. Certificate of Prior Municipal Police Service (I. F) ..... A-6
- v. Certificate of Prior Louisiana State Police Service (I. F) ..... A-7
- vi. Certificate of Prior Wildlife and Fisheries Service (I. F) ..... A-8
- vii. DSSP Report (II. A) including reconciliation forms and instructions ..... A-9
- viii. Parish Sheriff Certificate (II. B) ..... A-16
- ix. POST Certificates (I. E) ..... A-17
- x. DSSP Monthly Report Adjustment Form (III) ..... A-21
- xi. DSSP Leave of Absence Approval Form (IV) ..... A-22
- xii. DSSP Change in Job Duties Form (II. A) ..... A-23

# I. EXTRA COMPENSATION FOR COMMISSIONED FULL-TIME DEPUTY SHERIFFS OF ALL PARISHES

## A. SUPPLEMENTAL PAY

Every commissioned deputy sheriff employed on a full-time basis and certified eligible by the sheriff shall be paid extra compensation out of monies appropriated from the special fund in the treasury of the state of Louisiana. Funds shall be distributed monthly to the sheriff of each parish to pay additional compensation.

## B. AMOUNT OF SUPPLEMENTAL PAY

Each qualified deputy sheriff shall be entitled to receive supplemental pay at the following rate:

**Five hundred dollars ($500) per month at the completion of one (1) year of service per Act 664 of 2008 Regular Session of the Legislature.**

## C. ELIGIBILITY

In order to receive supplemental pay, deputy sheriffs must meet the following criteria.

1. A deputy sheriff hired before January 1, 1986 must:
   (a) be a commissioned law enforcement officer;
   (b) be employed full-time (at least 35 hours per week);
   (c) be paid a salary of not less than $350 per month.
2. A deputy sheriff hired January 1, 1986 must:
   (a) be a commissioned law enforcement officer;
   (b) be employed full-time (at least 35 hours per week);
   (c) be paid a salary of not less than $350 per month; and
   (d) be certified by the Council on Peace Officer Standards and Training.
3. A deputy sheriff hired after March 31, 1986 must:
   (a) be a commissioned law enforcement officer;
   (b) be employed full-time (at least 35 hours per week);
   (c) be paid a salary of not less than $350 per month;
   (d) be certified by the Council on Peace Officer Standards and Training;
   (e) be employed to perform non-clerical, enforcement duties;
   (f) complete one year of full-time service.

## D. ELIGIBLE POSITIONS - DUTIES

Any deputy sheriff hired after March 31, 1986, <u>shall not</u> be eligible for additional compensation out of state funds if he is hired primarily to perform purely clerical or non-enforcement duties, including but not limited to typists, office machines operators, switchboard operators, filing clerks, steno clerks, stenographers, animal shelter personnel, school crossing guards, secretaries, cooks, mechanics, and maintenance personnel, whether or not he is a duly commissioned deputy sheriff or is certified by the POST Council.

Where there is a question about the eligibility of a position, the Board will consider each case individually in light of the duties performed by the employee and not merely the title of the position.

E. CERTIFICATE OF TRAINING

A copy of a valid POST Certificate: Basic, Basic Correctional Peace Officer, or Certificate of Registration (Grandfathership), must be submitted to the DSSP staff with the DSSP Employment Information Form. The DSSP Board will not approve requests that are submitted without necessary POST documentation.

F. ELIGIBLE SERVICE

Deputy sheriffs must complete one year of full-time service as a requirement of eligibility for deputy sheriffs' supplemental pay.

The one year of full-time service may include prior service**.** Prior service shall consist of service as a (1) commissioned deputy sheriff, (2) municipal or tribal police officer receiving supplemental pay under the provisions of R.S.40:1667.1 (A), (3) service as a state police officer receiving supplemental pay under the provisions of R.S.40:1457 or (4) service as a full-time POST certified enforcement agent of the Department of Wildlife and Fisheries under the provisions of R.S.40:1667.1 (B) (2), (5) service as a commissioned full- time Harbor Police or Bridge Police officer under the provisions of R.S. 40:1667.9.

Deputy sheriffs transferring from another law enforcement agency for which they are eligible to claim prior service are eligible to receive supplemental pay on the hire date with the sheriff's department provided the break in service does not exceed five (5) years. If the five (5) year break in service is exceeded, the deputy sheriff must wait one (1) year before being eligible to receive supplemental pay.

State Police officers who were transferred to the Weights and Standards Division of the Department of Transportation and Development are considered 'grandfathered' for determining prior service.

In computing the period of service necessary to qualify for the payment of extra compensation, credit is not allowed for <u>out-of-state</u> service.

It is the sheriff's responsibility to obtain verification of previous employment with Louisiana parish sheriffs' offices, Louisiana municipal or eligible tribal police departments, Louisiana State Police, or Wildlife and Fisheries agencies. Certificate of Prior Service Forms must be submitted to the DSSP staff with the DSSP Employment Information Form.

Deputies hired before March 31, 1986, are considered *grandfathered* under the requirement that deputies must perform non-clerical, enforcement duties. If a grandfathered deputy experiences a break-in-service more than 30 consecutive days, the grandfathership provision in no longer valid for such deputy.

## II. DEPUTY SHERIFFS' SUPPLEMENTAL PAY REPORT

### A. CONTENTS OF REPORT

In order to receive the funds for supplemental pay, the sheriff in each parish and in Orleans Parish, the criminal sheriff and the civil sheriff shall file a report on or before the tenth of each month certifying to the state treasurer the number of eligible, full-time commissioned deputy sheriffs in his employ and the number of years of service of each such officer. The report shall include for each deputy submitted the name, social security number, date of eligibility, present monthly salary, qualification years, and amount of supplemental pay each deputy sheriff is eligible to receive and an explanation if new hire/rehire, on leave without pay, on approved leave of absence, suspended or terminated employment. Attach reconciliation page/pages to the report. Also attach a completed Change in Job Duties form, if applicable.

### B. CERTIFICATION BY THE SHERIFF

Each report shall be accompanied by a certificate signed by the sheriff certifying the eligibility of the deputies listed on the report. The certificate shall be notarized. The certificate is the state treasurer's authorization to pay the parish sheriff's salary fund the total amount due eligible deputies, as certified by the sheriff.

### C. AUTHORIZATION TO SIGN THE PARISH SHERIFF CERTIFICATE

The certificate shall be signed by the sheriff or by an authorized representative. The sheriff must notify the Board in writing when an authorized representative is designated to sign certificates.

### D. DUE DATE OF DSSP REPORT AND PARISH SHERIFF CERTIFICATE

The report and certificate for each month are due on or before the tenth day of that month. For example, the report and certificate for the month of January must be received by the Department of Treasury on or before January tenth.

Failure to submit reports and certification timely and accurately as set forth in manual may result in all parish payments being delayed and may cause postponement of the payment for the delinquent parish until the following month.

### E. EXTENT OF THE SHERIFF'S OBLIGATION

It is the sheriff's responsibility to certify a deputy sheriff as soon as the deputy becomes eligible to receive supplemental pay and it is the responsibility of the sheriff to make supplemental payments to the individual deputy sheriffs.

The sheriff certifies a deputy by completing a DSSP Employment Information Form and other pertinent supplemental forms. The completed forms along with required documentation should be attached to the sheriff's monthly report.

The sheriff shall submit a written explanation on the subsequent monthly report when a deputy's name is erroneously omitted from the previous month's report.

F. EXTENT OF THE STATE'S OBLIGATION

If an eligible deputy sheriff is not certified and added to the monthly DSSP Report as soon as he/she becomes eligible, the extent of the state's obligation to pay supplemental pay is limited to one (1) year retroactive from the date of initial submission on the monthly DSSP report by the sheriff. The date an incomplete DSSP Employment Information Form is received is valid for 90 days by the DSSP Board when determining the one year period for consideration of back supplemental pay.

## III. ADDING ELIGIBLE DEPUTY SHERIFF TO DSSP REPORT

The following supportive documentation is required when adding an eligible deputy sheriff to the DSSP report:

1. DSSP Employment Information Form signed by the sheriff, dated and, notarized.
2. Copy of POST Certificate.
3. Certificate of Prior Deputy Sheriff Service, if any.
4. Certificate of Prior Municipal or Tribal Police Service, if any.
5. Certificate of Prior Louisiana State Police Service, if any.
6. Certificate of Prior Wildlife and Fisheries Service, if any.
7. Certificate of Prior Harbor Police Service, if any.
8. Certificate of Prior Bridge Police Service, if any.

These documents must be submitted to the Department of the Treasury DSSP staff as an attachment to the monthly DSSP report. Failure to comply with this policy will result in the reduction of the monthly DSSP report total. An explanation for any adjustment made by the DSSP staff to the monthly DSSP report will be made on the DSSP Monthly Report Adjustment Form. This form is mailed by DSSP staff at the time payment is made to the sheriff.

## IV. REMOVING DEPUTY SHERIFF ON LEAVE WITHOUT PAY

A. A deputy sheriff on leave without pay shall be removed from the Deputy Sheriffs Supplemental Pay Report; however, supplemental pay shall not be suspended or terminated during the period of time that the deputy sheriff is on active duty service in the uniformed services of the United States pursuant to a declaration of war, congressional authorization or presidential proclamation under the War Power Resolution (50 U.S.C. 1541 et seq.), national emergency, or call of the governor as provided by law.

B. The time on leave without pay shall not count toward completion of the one (1) year of service for purpose of determining period of service unless the leave is for active military duty.

C. A Leave of Absence Approval Form with proper documents attached must be submitted with the Deputy Sheriffs' Supplemental Pay Report.

## V. SUPPLEMENTAL PAY RATE

### A. CURRENT PAY RATE

The current DSSP scale is as follows:

| Period of Service | Monthly Pay Rate | Daily Pay Rate |
|---|---|---|
| At completion of 1 year | $500.00 | $16.43 |

**Note**: Monthly payments are based on the legislative appropriation by fiscal year. If the appropriation is insufficient to satisfy 100 % of all parish report requests, the monthly payments will be decreased proportionately.

### B. PARTIAL MONTHLY PAYMENTS

When a deputy sheriff works less than a full month, supplemental pay shall be prorated for the number of days worked using the current daily DSSP scale.

The DSSP Board of Review requires a written explanation from the sheriff on the monthly DSSP report when a deputy sheriff experiences a change in full-time status which results in eligibility for less than a full month of supplemental pay.

**Example**: Deputy sheriff receiving $425 per month suspended for 5 days (before July 1, 2009) - Request 25 days @ $13.97 = $349.25

Deputy sheriff receiving $500 per month is terminated 7/15/09 (last day worked) - Request 15 days @ $16.43 = $246.45

**Note**: **Always calculate the number of days worked times the DSSP rate.**

## VI. DSSP BOARD OF REVIEW

### A. BOARD OF REVIEW

"There shall be a Board of Review to oversee the eligibility for payment of deputy sheriffs' supplemental pay which shall be composed of three (3) members, one of whom shall be the commissioner of administration or his designee from the Division of Administration; one of whom shall be a member of the Louisiana Sheriffs' Association selected by the president thereof, and one of whom shall be the state treasurer or his designee from the Treasury. The Board of Review shall establish criteria for eligibility."

The representative of the State Treasurer's office shall serve as Chair of the Board. A quorum required to conduct business shall consist of all three members of the Board. The Board of Review is authorized to establish criteria for eligibility for deputy sheriffs to receive supplemental pay.

B. ELIGIBILITY DETERMINATION

If a question arises concerning a deputy sheriff's eligibility to receive DSSP, the sheriff may request a ruling by writing to the DSSP Board of Review. The deputy's DSSP application with supporting documents and forms should accompany the request.

C. REINSTATEMENT OF BACK PAY FOR PRIOR FISCAL YEAR

The state's fiscal year ends on June 30th. Funds for the previous fiscal year's supplemental pay cannot by remitted by the treasurer after the forty-fifth day following the close of that fiscal year without a resolution of the DSSP Board of Review and Legislative approval. The forty-fifth day following the close of the fiscal year is August 14th.

After the close of the fiscal year, the resolution for approval of prior years' supplemental pay must be submitted to the Joint Legislative Committee on the budget for final approval before payment can be made to the Sheriff's Salary Fund. In some instances, it may be necessary for the sheriff to attend the committee meeting.

Prior year back pay requests from the sheriff must be submitted separately from the monthly report.

Any request for back pay must include the calculations used by the sheriff to determine the total amount of back pay owed. *No request will be considered without the accompanying calculations.*

D. WORKER'S COMPENSATION

Supplemental pay shall be paid to a deputy sheriff who is receiving Worker's Compensation provided that the amount of the Worker's Compensation benefit received, together with any other compensation, exclusive of supplemental pay, is at least $350.00 per month and provided further that the total compensation, including supplemental pay, shall not exceed 100% of the deputy's regular monthly compensation.

Payments actually made under the provisions of this policy shall be reimbursed to the sheriff for a period not to exceed one (1) year.

E. CORRESPONDENCE

All requests for review by the Board must come from the sheriff. Correspondence from individual deputies or their attorneys cannot be considered by the Board.

All correspondence shall include the employee's name, social security number, and the name, address, and telephone number of the sheriff or contact person.

Address all correspondence to:

Louisiana Department of the Treasury
Deputy Sheriffs' Supplemental Pay Board
Post Office Box 44154, Capitol Station
Baton Rouge, LA 70804-4154

BOARD OF REVIEW
DEPUTY SHERIFFS' SUPPLEMENTAL PAY
DSSP Employment Information Form

**PARISH:** _____

Board Members:
State Treasurer
Commissioner of Administration
Louisiana Sheriffs' Association

RE: Deputy's Name: _____

Deputy's Title: _____

Deputy's SSN: _____

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 _____ |

BOARD OF REVIEW
DEPUTY SHERIFFS' SUPPLEMENTAL PAY
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?

_____

_____

BOARD OF REVIEW
DEPUTY SHERIFFS' SUPPLEMENTAL PAY
DSSP Employment Information Form
(Continued)

BEFORE ME, the undersigned, personally came and appeared _____

who after being duly sworn, deposed and said: that, he/she is the duly elected Sheriff of the

Parish of _____

and that to the best of his ability the information contained herein is true and correct.

SWORN TO AND SUBSCRIBED before me on this _____ day of

_____, _____.

_____
SHERIFF –Signature

DATE_____

_____
NOTARY PUBLIC – Signature

Please address all correspondence as follows:
State of Louisiana
Department of Treasury
DSSP Program
Post Office Box 44154
Baton Rouge, Louisiana 70804

The above information is required for each new/rehired employee before receipt of deputy sheriff supplemental pay.

# PRIOR SERVICE CREDIT

**NAME:** **PARISH:**

**CURRENT EMPLOYMENT DATE:**
**CURRENT POST CERTIFICATE DATE:**

| DATES PREVIOUS EMPLOYER | YEARS | MONTHS | DAYS |
|---|---|---|---|
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| **CURRENT EMPLOYMENT:** | | | |
| | | | |
| | | | |
| **TOTAL** | | | |

**Eligible to receive $_____ per month on _____.**

Approved by _____ Date _____

# 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 $_____**

# DEPUTY SHERIFFS' SUPPLEMENTAL PAY

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

## CERTIFICATE OF MUNICIPAL POLICE PRIOR SERVICE

## RETURN COMPLETED FORM TO SHERIFF'S OFFICE

| | | | |
|---|---|---|---|
| CITY OR POLICE DEPARTMENT | | NAME | |
| | | ADDRESS | |
| | | 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 PAID FULL-TIME EMPLOYEE OF THIS DEPARTMENT. | |
| **MAYOR** | | DATE | |
| **POLICE CHIEF** | | DATE | |
| **NOTARY** | | DATE | |

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

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

# DEPUTY SHERIFFS' SUPPLEMENTAL PAY

R.S. 40:1667.7(D)

## CERTIFICATE OF PRIOR LOUISIANA STATE POLICE SERVICE

## RETURN COMPLETED FORM TO SHERIFF'S OFFICE

| | | | |
|---|---|---|---|
| **TROOP** OR **SECTION** | | 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 AGENCY. | |
| **SUPERINTENDENT** | | DATE | |
| **NOTARY** | | DATE | |

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

# 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 | |
| **SECRETARY** | | | DATE | |
| **NOTARY** | | | DATE | |

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

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

# DEPUTY SHERIFFS' SUPPLEMENTAL PAY FORM

(TO BE COMPLETED AND FILED BY THE SHERIFF
OF EACH PARISH WITH THE OFFICE OF THE STATE
TREASURER BY THE **1Oth DAY** OF EACH MONTH)

DATE (MONTH & YEAR) PARISH PAGE NO.

| NAME OF DEPUTY SHERIFF | SOCIAL SECURITY NUMBER | DATE OF ELIGIBILITY | PRESENT MONTHLY SALARY | QUALIFI-CATION YEARS | AMOUNT OF SUPPLEMENT PAY | EXPLANATION |
|---|---|---|---|---|---|---|
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**TOTAL AMOUNT REQUESTED** **$**_____

# 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**

| No. of Deputies | Rate | Amount | Name | Eligibility Date | Explanation |
|---|---|---|---|---|---|
| _____ @ | **$500** | | _____ | _____ | _____ |
| | | | _____ | _____ | _____ |
| | | | _____ | _____ | _____ |
| | | | _____ | _____ | _____ |
| | | | _____ | _____ | _____ |
| | | | _____ | _____ | _____ |
| | | | _____ | _____ | _____ |

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

| No. of Deputies | Rate | Amount | Name | Explanation |
|---|---|---|---|---|
| _____@ | $_____ | = $_____ | _____ | _____ |
| _____@ | $_____ | = $_____ | _____ | _____ |
| _____@ | $_____ | = $_____ | _____ | _____ |
| _____@ | $_____ | = $_____ | _____ | _____ |
| | | | _____ | _____ |
| | | | _____ | _____ |
| | | | _____ | _____ |
| | | | _____ | _____ |

**PART 3 - Other Adjustments - prior months** **Refunds to State or Back Pay**

| | | Amount | Name | Explanation |
|---|---|---|---|---|
| | | $_____ | _____ | _____ |
| | | $_____ | _____ | _____ |
| | | $_____ | _____ | _____ |
| Cont. Pg. Part 2 | | $_____ | _____ | _____ |
| No. of Deputies | | $_____ | _____ | _____ |
| list below | | $_____ | _____ | _____ |
| | | _____ | **subtotal** | |
| _____ | **Part 2** | $_____ | **total from continuation pages** | |
| | **Part 3** | $_____ | **total from continuation pages** | |
| _____ | **TOTAL** | $_____ | Prepared by:_____ | |
| **No. of Deputies** | | **Amount Requested** | Date:_____ | Phone _____ |
| | | | | Fax _____ |

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

PARISH _____

MONTH _____

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

| Name | Eligibility Date | Explanation |
|---|---|---|
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**DEPUTY SHERIFFS' SUPPLEMENTAL PAY RECONCILIATION**
**(continuation page)**

PARISH _____

MONTH _____

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

| No. of Deputies | Rate | Amount | Name | Explanation |
|---|---|---|---|---|
| _____ | @$_____ | = $_____ | | |
| _____ | @$_____ | = $_____ | | |
| _____ | @$_____ | = $_____ | | |
| _____ | @$_____ | = $_____ | | |
| _____ | @$_____ | = $_____ | | |
| _____ | @$_____ | = $_____ | | |
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_____ **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**

| Amount | Name | Explanation |
|---|---|---|
| $_____ | _____ | _____ |
| $_____ | _____ | _____ |
| $_____ | _____ | _____ |
| $_____ | _____ | _____ |
| $_____ | _____ | _____ |
| $_____ | _____ | _____ |
| $_____ | _____ | _____ |
| $_____ | _____ | _____ |
| $_____ | _____ | _____ |
| $_____ | _____ | _____ |
| $_____ | _____ | _____ |
| $_____ | _____ | _____ |
| $_____ | _____ | _____ |
| $_____ | _____ | _____ |
| $_____ | _____ | _____ |
| $_____ | _____ | _____ |

**Page Total** $_____
**Amount**

DEPUTY SHERIFFS' SUPPLEMENTAL PAY
RECONCILIATION INSTRUCTIONS

1. Enter parish name.

2. Enter current month. **The monthly report should be received by the State Treasurer's Office by the 10th of the month**.

3. Complete Reconciliation of No. of Deputies. This information should be obtained from the listing of deputies that your parish provides to the State Treasurer's Office.

   Enter number of deputies from previous month's report. (No. of Deputies-Previous Month)
   Enter number of new deputies that have been included in current report. (No. of Deputies added)
   Enter number of deputies that were included on previous months report but not on the current month report. (No. of Deputies deleted)
   Calculate Total No. of Deputies(Current Month) and enter in blank. This number should equal total number of deputies receiving supplemental pay in the current month.

4. Part 1 represents the deputies that are eligible to receive **full** supplemental pay ($500) for the **current month.**

   Enter number of full time deputies.
   Multiply number of full time deputies times the $500 rate and enter the product.
   List any deputy receiving full supplemental pay that is added in the current month that was not included in the previous month's report.
   Enter the eligibility date and an explanation of why the deputy was added.
   Attach the required paperwork.

   Examples:
   A. New deputy hired - Include Deputy Information Form, POST Certification, Prior Service Certificates, if applicable.
   B. Deputy returning from leave of absence - Include completed Leave of absence form with doctor's excuse or military discharge papers.

5. Part 2 represents the deputies receiving a **partial** payment for the **current month**. (A deputy should not be listed in Part 1 and Part 2.) Include deputies that were hired or terminated after the first day of the current month. Also, include deputies that are eligible to receive a partial payment for the current month due to a suspension or leave of absence. Refer to the current month report to summarize the number of deputies at each rate other than full supplemental pay.

   Enter number of deputies at each rate and indicate the total amount.
   List each deputy receiving a partial payment for the current month and provide an explanation of why this deputy is receiving a partial payment.
   Include required paperwork, if applicable.

   Partial payments are prorated for the number of days worked using the current daily rate of $16.43. Back pay prior to July 1, 2009 must be calculated using the daily rate of $13.97.

   Examples: Deputy terminated on 7/12/09 - Request 12 days @ $16.43 = $197.16
   Deputy suspended for 3 days in a 30 day month after July 1, 2009 - Request 27 days @ $16.43 = $443.61

RECONCILIATION INSTRUCTIONS

Examples: Deputy suspended for 3 days in a 31 day month after July 1, 2009 - Request 28 days @ $16.43 = $460.04
Deputy hired on 5/5/09 - Request 27 days @ $13.97 = $377.19
Deputy hired on 7/5/09 - Request 27 days @ $16.43 = $443.61

6. Part 3 represents refunds due to the state or current year back pay due the deputy.

   List deputies that were terminated in a previous month but not removed from report timely.
   Calculate and enter refund due to the state. The amount paid to the parish will be reduced by the amount of the refund due to the state.

   Example: Deputy terminated on 7/5/09
   Refund calculation:

| | |
|---|---|
| $500.00 | Full Month |
| (82.15) | 5 days @ $16.43 |
| $417.85 | Refund due the State |

   List the deputies that are eligible for back pay due in the current fiscal year.
   Calculate and enter the amount.
   If a deputy terminates on the last day of the month, enter zero amount, list name and termination date.

   Example: Deputy hired on 7/7/09 added on August report.
   Eligible for 25 days in July @ $16.43 = $410.75

**NOTE: Back pay for days prior to July 1, 2009 must be calculated using the $13.97 daily rate.**

7. If additional space is needed use the continuation pages provided for each part.

   On page 1 of the reconciliation form:
   Enter the number of deputies and the amount due from Part 2-Continuation Page
   Enter the amount due from Part 3-Continuation Page

8. Add the No. of Deputies from Part 1, Part 2, and Continuation Pages Part 2 listed on Reconciliation Form and enter in the Total No. of Deputies blank at the bottom of the page. The total number of deputies entered here should agree with the total number of deputies in reconciliation at the top of the page.

9. Add the Amounts from Part 1, Part 2, and Total from Continuation Pages Part 2 and Part 3. Enter this figure in the Total Amount Requested blank.

**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 _____, _____.

_____

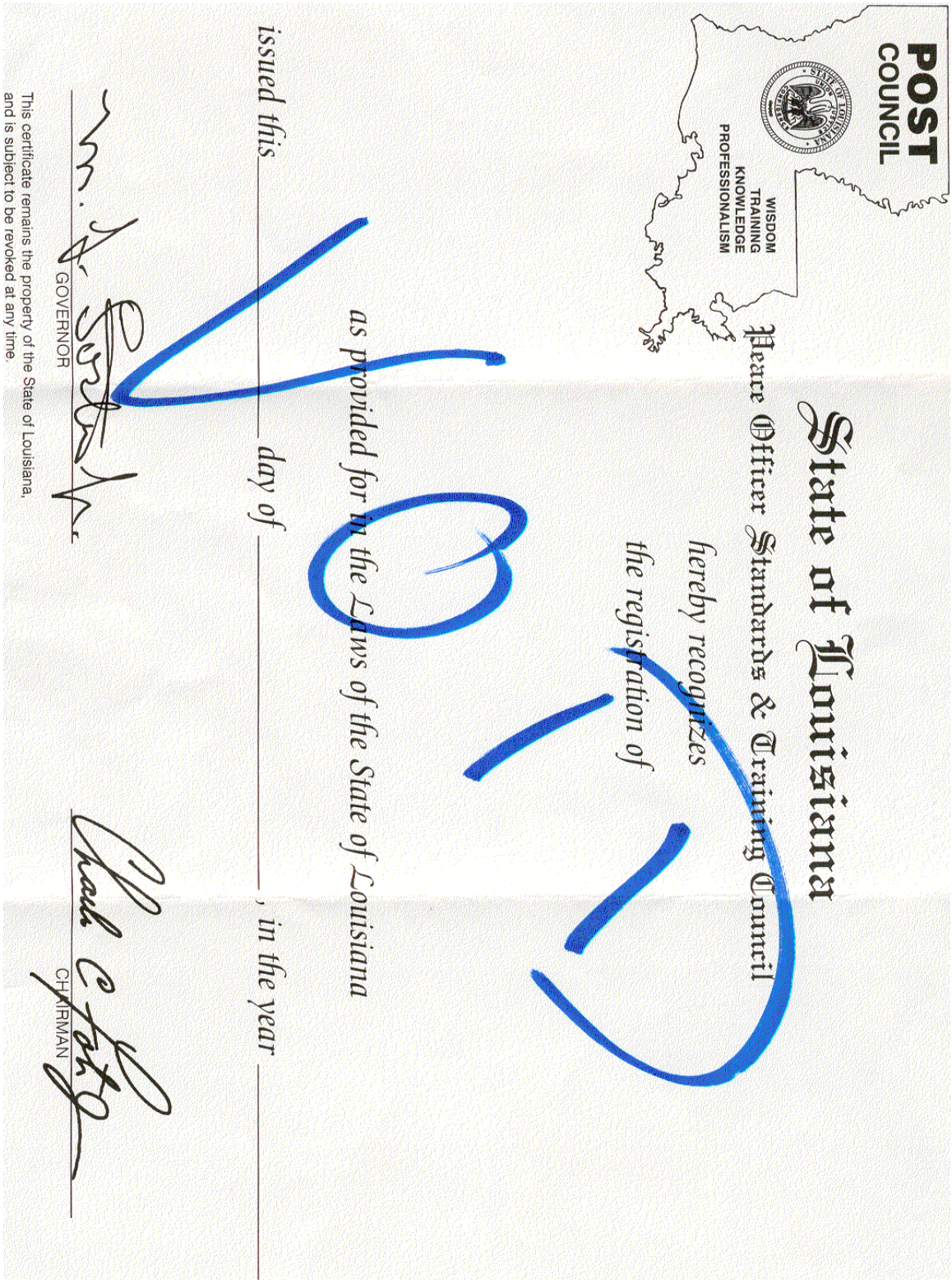
**NOTARY PUBLIC – Signature**

**Appendix ix. POST CERTIFICATES (II.B.)**

1. REGISTRATION OF (“grandfathered”)

2. BASIC CORRECTIONAL PEACE OFFICER

3. BASIC



POST COUNCIL

WISDOM
TRAINING
KNOWLEDGE
PROFESSIONALISM

State of Louisiana

Peace Officer Standards & Training Council

*hereby recognizes*

*the registration of*

VOID

*as provided for in the Laws of the State of Louisiana*

*issued this* _____ *day of* _____, *in the year* _____

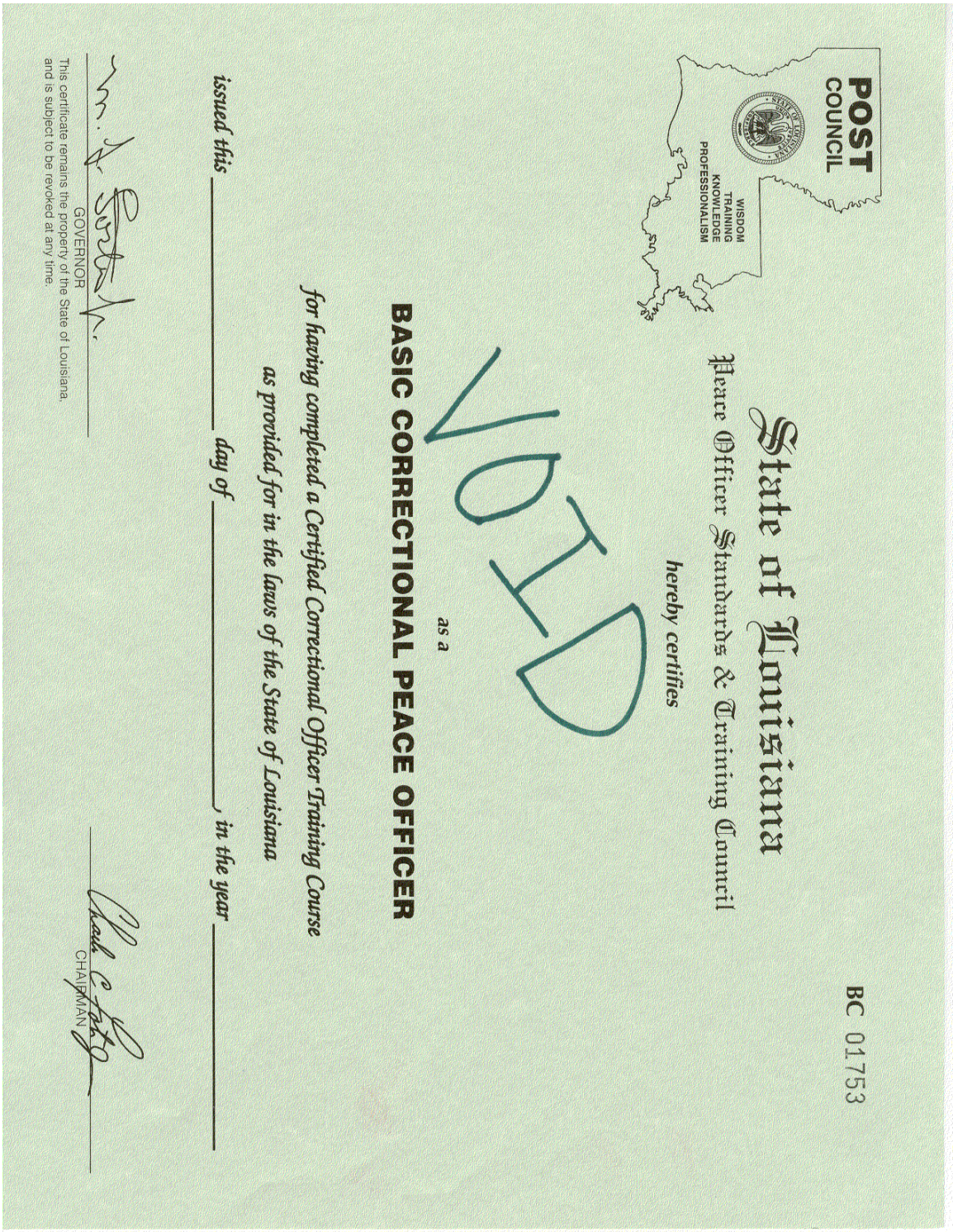
GOVERNOR

CHAIRMAN

This certificate remains the property of the State of Louisiana, and is subject to be revoked at any time.

**POST Certificate of Registration**

**('grandfathered')**



POST COUNCIL

WISDOM
TRAINING
KNOWLEDGE
PROFESSIONALISM

BC 01753

State of Louisiana

Peace Officer Standards & Training Council

*hereby certifies*

VOID

*as a*

**BASIC CORRECTIONAL PEACE OFFICER**

*for having completed a Certified Correctional Officer Training Course*

*as provided for in the laws of the State of Louisiana*

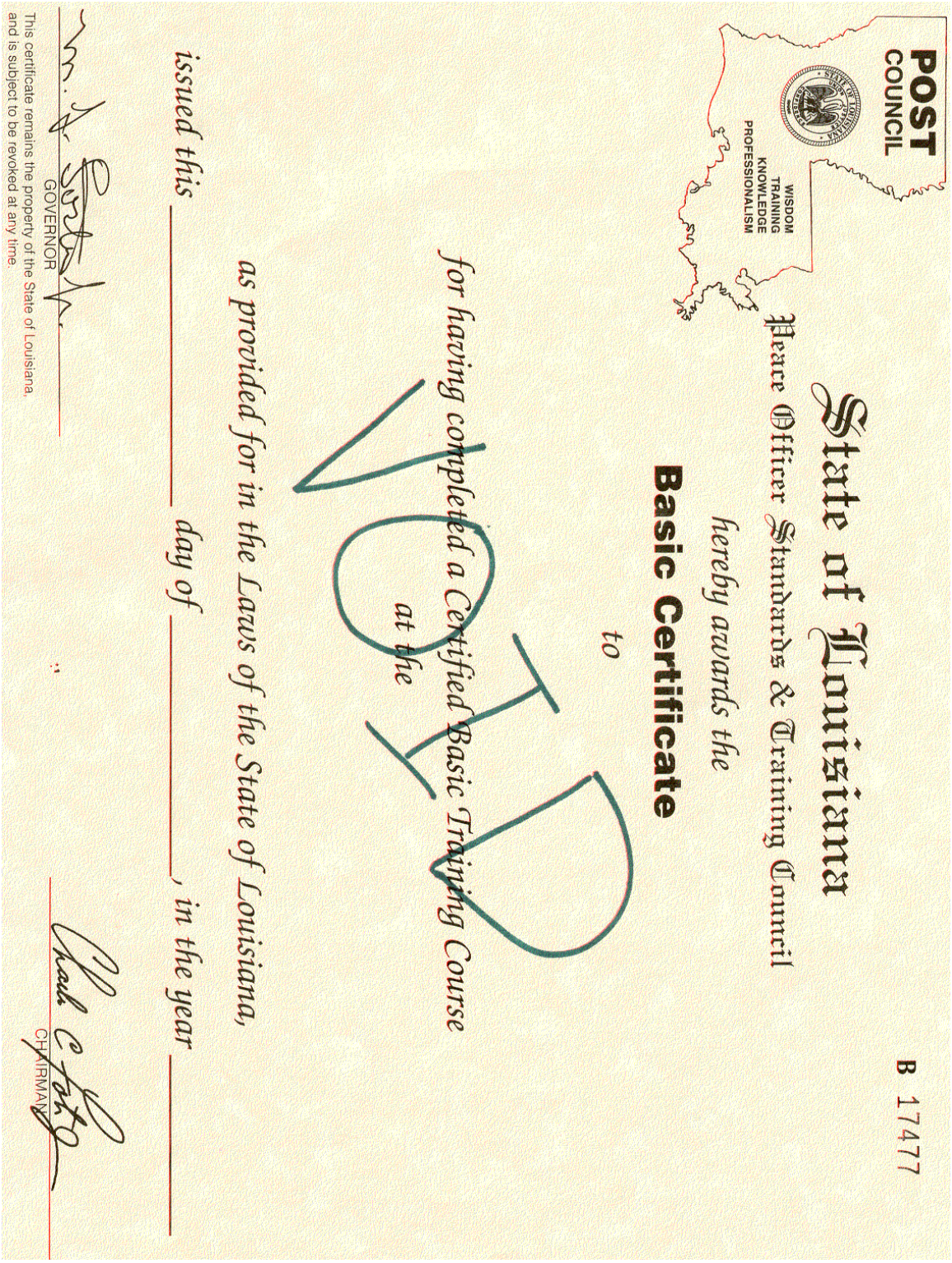
*issued this* _____ *day of* _____ *in the year* _____

GOVERNOR

CHAIRMAN

This certificate remains the property of the State of Louisiana, and is subject to be revoked at any time.

**POST Certificate – Basic Correctional Peace Officer**



POST COUNCIL

WISDOM
TRAINING
KNOWLEDGE
PROFESSIONALISM

# State of Louisiana

Peace Officer Standards & Training Council

*hereby awards the*

**Basic Certificate**

*to*

TED

*for having completed a Certified Basic Training Course*

*at the*

VOY

*as provided for in the Laws of the State of Louisiana,*

*issued this* _____ *day of* _____, *in the year* _____

GOVERNOR

CHAIRMAN

This certificate remains the property of the State of Louisiana, and is subject to be revoked at any time.

B 17477

**POST Certificate - Basic**

DEPARTMENT OF THE TREASURY
DEPUTY SHERIFFS' SUPPLEMENTAL PAY
MONTHLY REPORT ADJUSTMENT FORM

(NAME OF PARISH)

THE DEPUTY SHERIFFS' SUPPLEMENTAL PAY REPORT FOR THE MONTH OF (MONTH, YEAR) WAS REVIEWED AND YOUR PARISH TOTAL WAS ADJUSTED TO (AMOUNT) FOR THE FOLLOWING REASONS:

(MONTH) REPORT TOTAL $

ADJUSTED TOTAL FOR (MONTH) $_____

IF YOU HAVE ANY QUESTIONS CONCERNING THIS ADJUSTMENT, PLEASE CONTACT THIS OFFICE.

(PREPARED BY)
DSSP STAFF

(DATE)

BOARD OF REVIEW
DEPUTY SHERIFFS' SUPPLEMENTAL PAY

# LEAVE OF ABSENCE APPROVAL FORM

Name: _____

Social Security Number: _____

Period of absence: From _____To_____

Reason for leave of absence: _____

_____

_____

_____

_____
Sheriff - Signature

_____
Parish

_____
Date

**Medical** - Attach doctor's statement. / Upon return attach doctor's release to work statement.

**Military** - Attach copy of military orders / Upon return attach copy of military discharge papers.

**Budgetary Cutback** - Attach sheriff's letter. / Upon return attach sheriff's letter with date of return.

DEPUTY SHERIFFS' SUPPLEMENTAL PAY

# CHANGE IN JOB DUTIES

PARISH _____

MONTH _____

The following deputies **receiving supplemental pay** have been permanently assigned a **change** in job duties **effective** on the date listed below:

| Deputy Name | Date | Title/Description of New Job Duties (Show % of time for each duty) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

- Attach a copy of the **appropriate** POST CERTIFICATE **required** for the new job.

_____ _____

Prepared By Date

_____

Telephone Number