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

TOTAL AMOUNT REQUESTED $_____