

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 \$ _____