

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** \$ _____