

DEPUTY SHERIFFS' SUPPLEMENTAL PAY

R.S. 33:2218.8(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 \$ _____