LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
PUBLIC SAFETY SERVICES
SUPPLEMENTAL PAY

2022 Annual Certifying Signature Form

_____ _____
City or Department Name Town Code (from warrant)

_____
Address

_____
City, State, & Zip

Below you will find an information request that satisfies the Department of Public Safety and Corrections, Public Safety Services' annual requirement to collect authorized signatures that will appear on each Supplemental Pay Warrant each month in the current year.

Please allow this correspondence to highlight the importance of signatures on the Supplemental Pay warrant submitted each month by your City or Parish Government. Three signatures are required on each month's Warrant which represents your authorization to Public Safety Services for payment of benefits. The three signatures required include the Chief Marshal as Approving Official's Signature; the Mayor as the Certifying Official's Signature; and the Payroll Administrator/Finance Director as the Preparer's Signature. **Additional contact persons may be reported by attaching a separate sheet.**

This certification must be notarized and returned to DPS before additional payments can be released. In addition, the governing authority must notify DPS by notarized statement if these authorized signatures change during the benefit year. **Please complete and return this form with the current month's Warrant (attached) as Supplemental Pay will not be released without this notarized certificate.**

This same form may be utilized when a temporary designee is required as an authorized signer during the absence of any of the below officials. Blank forms may be found on our website at http://mfn.dps.louisiana.gov/supp_pay.html. If you need further assistance, please e-mail the Supplemental Pay office at MUNPAY@la.gov.

APPROVING OFFICIAL'S SIGNATURE:	PRINT NAME:	PHONE NUMBER	E-MAIL ADDRESS
CERTIFYING OFFICIAL'S SIGNATURE:	PRINT NAME:	PHONE NUMBER	E-MAIL ADDRESS
PREPARER'S SIGNATURE:	PRINT NAME:	PHONE NUMBER	E-MAIL ADDRESS
NOTARY SIGNATURE:	PRINT NAME:	NOTARY ID/BAR ROLL NUMBER:	**NOTARY SEAL:**

The submission of false information could constitute a criminal offense, including but not limited to Filing a False Public Record, a violation of R. S. 14:133; Theft, a violation of R. S. 14.:67; False Swearing, a violation of R. S. 14.125; and Malfeasance in Office, a violation of R. S. 14:134. Submission of false or misleading information may also subject you to personal liability for repayment of any funds paid as a result of such statements.