Firemen's Supplemental Pay Applications

(New Departments or Districts need to complete the "New Fire Department/District Questionnaire").

FIREMEN: CIVIL SERVICE

1. APPLICATION – "Information Request for New Employees"
   - Must be original
   - Must be signed and notarized
2. Prior Service Form
   - Must be original
   - Must be signed
3. Firefighter One Certificate (COPY)
4. Personnel Action Form
   Needs to verify the following:
   - Employment Date
   - Job Title
   - Monthly Salary
5. Copy of Applicant's Social Security Card
6. Supplemental Pay Direct Deposit Form

FIREMEN: NON CIVIL SERVICE

1. APPLICATION – "Information Request for New Employees"
   - Must be original
   - Must be signed and notarized
2. Prior Service Form
   - Must be original
   - Must be signed
3. Firefighter One Certificate (COPY)
4. Copy of Board Minutes (SIGNED)
   Needs to verify the following:
   - Employment Date**
   - Monthly Salary**

   **If minutes do not verify the information listed above, then a letter on department letterhead and signed by the hiring authority (usually Mayor, Chairman of the Board or Fire Chief) will suffice.
5. Detailed Copy of Job Description
6. Copy of Applicant's Social Security Card
7. Supplemental Pay Direct Deposit Form

(Revised November 1, 2007)

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

APPLICATION GUIDELINES FOR MUNICIPAL FIREMEN AND POLICEMEN

APPLICATIONS

1. Legibly type all applications.
2. A partial, incomplete or illegible application is not acceptable and will be returned to the town from which it came.
3. Original applications must be mailed to the Supplemental Pay office. ***Faxed copies will not be accepted.
4. Proof of **ALL** prior service must be provided or else a later effective date may result in less money. The original Certificate of Prior Service must be completed, signed and returned with the application.
5. Applications should be submitted three (3) months prior to one's effective date.
6. When completing the "Information Request for New Employees," the most common mistakes are:
   - Boxes are left unmarked, all blanks may not be filled in
   - Employment date and salary must be verified by one of the following:

     FOR CIVIL SERVICE TOWNS:

     Personnel Action Form – this form needs to verify the monthly salary, job title and employment date that appears on the "Information Request for New Employees."

     FOR NON-CIVIL SERVICE TOWNS:

     Town Minutes – these minutes must verify the monthly salary, job title and employment date that appears on the "Information Request for New Employees."

     -OR-

     Letter from the Hiring Authority (generally the Chief or Mayor) – this letter needs to verify the monthly salary, job title and employment date that appears on the "Information Request for New Employees."

REQUIRED DOCUMENTATION FOR SUBMITTING AN APPLICATION

1. INFORMATION REQUEST FOR NEW EMPLOYEES – Must be completely filled out and signed by the employee, Police or Fire Chief, Mayor and Notary.
2. CERTIFICATE OF PRIOR SERVICE – Completely filled out, signed by proper authority – NOT BY EMPLOYEE – (This is to be done for police officers and firemen who have only eligible prior service with another Department).
3. P.O.S.T CERTIFICATE (for police officers) or FIREFIGHTER ONE CERTIFICATE (for firemen) –
   - If your classification is "Police Officer" then you must have the Basic POST Certificate.
   - If your classification is "Police Officer/Jailer" then you can use the Basic Correctional Peace Officer Certificate.
   - No other POST Certificates are considered Supplemental Pay eligible.
4. COMMISSION CARD – Copy of **front and back** is required for Police Officers. It should read, "John Doe is a commissioned law enforcement officer with full powers of arrest…" (at least something of that magnitude).
5. PERSONNEL ACTION FORM – See #6 above for details.
6. SOCIAL SECURITY CARD – A copy is required because names must be entered into the Supplemental Pay System as it appears on the card in order for our records to match those of the Social Security Administration.
7. APPLICATION FOR DIRECT DEPOSIT – All supplemental funds are issued via electronic transfer. Applicants and current recipients must use the Dept. of Public Safety Municipal Supplemental Pay Direct Deposit Enrollment Form to submit new or to change account information. Other direct deposit enrollment forms may not require the same information needed to update your account information (i.e. Social Security number, signature, etc.)

**Supplemental Pay follows the same break-in-service rule as P.O.S.T. If a break-in-service of 5 or more years is experienced, then the police officer must complete a refresher course thru P.O.S.T. If your P.O.S.T. Certificate is not valid, then you are not eligible to receive supplemental pay.

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

MUNICIPAL FIREMEN'S SUPPLEMENTAL PAY

R.S. 33:2001-2003, Act 82 of 1963

INFORMATION REQUEST FOR NEW EMPLOYEES

RETURN COMPLETED ORIGINAL APPLICATION PACKET TO:
LOUISIANA DEPARTMENT OF PUBLIC SAFETY & CORRECTIONS
MUNICIPAL FIRE & POLICE SUPPLEMENTAL PAY
PHYSICAL ADDRESS: 7979 INDEPENDENCE BOULEVARD, SUITE 306, BATON ROUGE, LA 70806
MAILING ADDRESS: P.O. BOX 66614, BATON ROUGE, LA 70896-6614

CITY OR FIRE DEPARTMENT	EMPLOYEE NAME (AS IT APPEARS ON SOCIAL SECURITY CARD)
STREET ADDRESS OR P.O. BOX	STREET ADDRESS OR P.O. BOX
CITY STATE ZIP	CITY STATE ZIP
CITY TELEPHONE NO. FAX NO. (_____) _____ - _____ (_____) _____ - _____	SOCIAL SECURITY NO. _____ - _____ - _____

EMPLOYMENT DATE	IS EMPLOYMENT FULL TIME?	NO. OF HOURS WORKED PER WEEK	MONTHLY SALARY
_____ / _____ / _____	YES ☐ NO ☐	35 HOURS OR MORE ☐ LESS THAN 35 HOURS ☐	$

IF YOU ARE NOT EMPLOYEED FULL TIME OR IF YOU WORK LESS THAN 40 HOURS, YOU ARE NOT ELIGIBLE FOR SUPPLEMENTAL PAY.

DOES EMPLOYEE BELONG TO A MUNICIPAL FIRE AND POLICE CIVIL SERVICE? ☐ YES ☐ NO	IF YES, ATTACH A COPY OF PERSONNEL ACTION FORM. IF NO, ATTACH A COPY OF TOWN COUNCIL MEETING. LIST DUTIES
HAS EMPLOYEE BEEN CERTIFIED AS A FIREFIGHTER? ☐ YES ☐ NO	IF YES, ATTACH A COPY OF CERTIFICATION. IF NO, GIVE AN EXPLANATION IN "REMARKS" SECTION.

PREVIOUS MUNICIPAL FIREFIGHTER EMPLOYMENT (Attach prior service forms - REQUIRED)	DATES OF PREVIOUS EMPLOYMENT ____/____/____ - ____/____/____
	DATES OF PREVIOUS EMPLOYMENT ____/____/____ - ____/____/____
	DATES OF PREVIOUS EMPLOYMENT ____/____/____ - ____/____/____

We hereby certify that the person named in this application is a full-time commissioned police person of the above named police department, paid minimum wage from municipal funds and is entitled to supplemental pay in accordance with Act 49 of the 1959 legislature.

EMPLOYEE SIGNATURE:	DATE:
MAYOR SIGNATURE:	DATE:
FIRE CHIEF'S SIGNATURE:	DATE:
NOTARY SIGNATURE:	DATE:
PRINTED NAME: NOTARY ID/BAR ROLL NUMBER:	**NOTARY SEAL:**

"To knowingly submit false information could constitute a criminal offense, such as, false swearing, falsification of public document or theft by fraud. Furthermore, negligent submission of erroneous information may subject such negligent person to personal liability for any resulting overpayment of supplemental pay."

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

CERTIFICATE OF PRIOR SERVICE

RETURN COMPLETED ORIGINAL APPLICATION PACKET TO:
LOUISIANA DEPARTMENT OF PUBLIC SAFETY & CORRECTIONS
MUNICIPAL FIRE & POLICE SUPPLEMENTAL PAY
PHYSICAL ADDRESS: 7979 INDEPENDENCE BOULEVARD, SUITE 306, BATON ROUGE, LA 70806
MAILING ADDRESS: P.O. BOX 66614, BATON ROUGE, LA 70896-6614

DEPARTMENT	**NAME**
AGENCY	**ADDRESS**
ADDRESS	**CITY, STATE, ZIP CODE**
CITY, STATE, ZIP CODE	**SOCIAL SECURITY NUMBER** _____-_____-_____

DATES OF EMPLOYMENT **FROM** _____/_____/_____ **TO** _____/_____/_____	**CLASSIFICATION**
SALARY **AMOUNT $**_____☐**Annual**☐**Monthly**☐**Weekly**	**LAST REGULAR PAYROLL CHECK** **DATE** _____/_____/_____ **AMOUNT $**_____
DID APPLICANT RECEIVE SUPPLEMENTAL PAY? ☐**Yes** ☐**No**	**LAST SUPPLEMENTAL PAY CHECK** **DATE** _____/_____/_____ **AMOUNT $**_____
WAS EMPLOYMENT FULL-TIME? ☐**Yes** ☐**No**	**NUMBER OF HOURS WORKED PER WEEK:** _____

I HEREBY CERTIFY THAT THE PERSON NAMED IN THIS APPLICATION WAS A PAID FULL-TIME EMPLOYEE OF THIS DEPARTMENT

SOURCE OF INFORMATION PROVIDED	**TITLE**	**DATE**
PHONE NUMBER	**FAX NUMBER**	**E-MAIL**
HIRING AUTHORITY'S SIGNATURE	**TITLE**	**DATE**

"To knowingly submit false information could constitute a criminal offense, such as, false swearing, falsification of public document or theft by fraud. Furthermore, negligent submission of erroneous information may subject such negligent person to personal liability for any resulting overpayment of supplemental pay."

DPSMF
REV 06/01

STATE OF LOUISIANA
DEPARTMENT OF PUBLIC SAFETY
MUNICIPAL SUPPLEMENTAL PAY
DIRECT DEPOSIT ENROLLMENT AUTHORIZATION

SOCIAL SECURITY NUMBER		DEPARTMENT/TOWN		
CHECK (√) ONE BELOW				
FIRE	POLICE	MARSHAL	CONSTABLE	JUSTICE
ACCOUNT INFORMATION				
ACTION TYPE (✓ one) ☐ NEW ☐ CHANGE ☐ TERMINATE THIS OPTION		FINANCIAL INSTITUTION NAME ACCOUNT NAME (Example: Mr. and Mrs. John Doe, John or Jane Doe, John Doe)		
ACCOUNT NUMBER		FINANCIAL INSTITUTION ROUTING (ABA) NUMBER (CANNOT BEGIN WITH #5)		
ACCOUNT TYPE (✓ one) ☐ *CHECKING (provide voided check or account verification⇒) ☐ *SAVINGS (obtain account # & ABA # from the financial institution⇒)		*Account verification or completion of enrollment form by financial institution will assure the accuracy of account data: Signature from institution: Phone number:		
COMPLETE ALL BLOCKS – TYPE OR PRINT LEGIBLY TO INSURE ACCURACY				

(Print full name)

I, _____, authorize and request the Department of Public Safety to direct my State Supplemental Pay Check to the account at the financial institution I have designated above.

For any funds paid to me which are not due and owing to me, I hereby agree and authorize the Department of Public Safety to adjust the amount next due to me to correct the overpayment, or to recover amount overpaid by reducing my future checks so that the overpayment will be repaid or recouped within a reasonable number of months [not to exceed 12 months].

It is my responsibility to notify the Department of Public Safety should any changes occur to account specified. Considering all above conditions are met, this authorization remains in full effect until a written, signed notification to terminate, or another signed form indicating termination of this option is received from me and the Department of Public Safety has had reasonable opportunity to act on the termination.

_____	_____	_____
Signature	Date	Daytime phone number

PRINT LEGIBLY OR TYPE ALL INFORMATION TO ENSURE ACCURACY
ATTACH A COPY OF A VOIDED CHECK (NOT DEPOSIT TICKET)
FAX COMPLETED DOCUMENT AND CHECK COPY TO 225-925-3973