# Police Application Required Documentation

Attachment to "Application for Supplemental Pay"

## POLICE: CIVIL SERVICE

1. APPLICATION – "Application for Supplemental Pay"
    a. Must be DPS form DPSMF REV 10/2023
    b. Must be signed by the employee and all three officials designated in the latest "Certifying Signature Letter"
2. Prior Service Form
    a. Must be completed and signed by the prior service Municipality, not the applying Municipality
3. P.O.S.T. Certificate (COPY)
    a. A letter from the P.O.S.T. Council is required for breaks in service greater than 5 years
4. Personnel Action Form needs to verify the following:
    a. Employment Date
    b. Job Title
5. A copy of the Official Civil Service Job Description
6. A copy of the Applicant's Commission Card (front & back)
    a. If the Department does not have Commission Cards, attach a copy of the Oath of Office
    b. For "Elected Chiefs of Police" you must submit a copy of the Oath of Office
7. A copy of Applicant's Social Security Card
8. DPS Supplemental Pay Direct Deposit Form signed by the Applicant

## POLICE: NON-CIVIL SERVICE

1. APPLICATION – "Application for Supplemental Pay"
    a. Must be DPS form DPSMF REV 10/2023
    a. Must be signed by the employee and all three officials designated in the latest "Certifying Signature Letter"
2. Prior Service Form
    a. Must be completed and signed by the prior service Municipality, not the applying Municipality
3. P.O.S.T. Certificate (COPY)
    a. A letter from the P.O.S.T. Council is required for breaks in service greater than 5 years
4. A copy of the Signed Board Minutes verifying the following:
    a. Employment Date
    b. Job Title
    c. If the minutes do not verify the above, then a letter on department stationery, signed by the Hiring Authority (Mayor or Police Chief), must also be included
5. A copy of the Official Job Description (must be detailed)
6. A copy of the Applicant's Commission Card (front & back)
    a. If the Department does not have Commission Cards, attach a copy of the Oath of Office
    b. For "Elected Chiefs of Police", you must submit a copy of the Oath of Office
7. A copy of Applicant's Social Security Card
8. DPS Supplemental Pay Direct Deposit Form signed by the Applicant

# NOTES TO TOWNS:

A partial, incomplete, or illegible application is not acceptable and will be returned

All applications should be submitted in a PDF format via the SuMPay Portal
**Do not send "Originals" by hand delivery, USPS mail, e-mail, or Fax**

Original documents **must be maintained** in your office for Record Retention and Audit Purposes

All PDF documents must be legible
The documents must be in the #1-8 order listed above
The PDF must have documents all in the same reading position

Proof of ALL prior service must be provided to calculate the PROPER effective date

If the applicant experienced breaks in service at your department, prior service forms are required for the past service dates

Applications must be submitted at least THREE months prior to the estimated effective date to ensure ample time for board approval and staff processing prior to the actual month

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

# MUNICIPAL POLICE SUPPLEMENTAL PAY

R.S. 40:1667.1-9, Act 49 of 1959, ET SEQ

## APPLICATION FOR SUPPLEMENTAL PAY

**SUBMIT COMPLETED APPLICATION PACKET THROUGH THE SUMPAY PORTAL**

| | |
|---|---|
| MUNICIPALITY NAME | EMPLOYEE NAME (As it appears on the Social Security Card) |
| MUNICIPALITY MAILING ADDRESS | EMPLOYEE MAILING ADDRESS (Required-will be confidential) |
| CITY STATE ZIP | CITY STATE ZIP |
| MUNICIPALITY TELEPHONE NUMBER _____ | SOCIAL SECURITY NUMBER (Attach legible copy of SS card) _____ |

| | | | |
|---|---|---|---|
| EMPLOYMENT DATE: _____ | IS EMPLOYMENT FULL-TIME AND PAID IN ACCORDANCE WITH FLSA? ☐ YES ☐ NO | POST CERTIFICATION DATE: _____ | ATTACH A COPY OF THE: 1. POST CERTIFICATE 2. COMMISSION CARD |

THE APPLICANT MUST BE EMPLOYEED FULL TIME AND MUST HAVE COMPLETED REQUIRED POST CERTIFICATION TO BE ELIGIBLE FOR SUPPLEMENTAL PAY

| | | |
|---|---|---|
| DOES YOUR MUNICIPALITY BELONG TO A MUNICIPAL FIRE AND POLICE CIVIL SERVICE SYSTEM? ☐ YES ☐ NO | IF YES, ATTACH A COPY OF THE HIRING PERSONNEL ACTION FORM<br>IF NO, SEE REQUIRED DOCUMENTATION INSTRUCTIONS (ATTACHED) | ATTACH EMPLOYEE'S OFFICIAL JOB DESCRIPTION AND PROVIDE OFFICIAL JOB TITLE BELOW: _____ |

PREVIOUS MUNICIPAL POLICE EMPLOYMENT (Individual prior service forms from each Previous Municipality are REQUIRED)

| | |
|---|---|
| | DATES OF PREVIOUS EMPLOYMENT _____ - _____ |
| | DATES OF PREVIOUS EMPLOYMENT _____ - _____ |
| | DATES OF PREVIOUS EMPLOYMENT _____ - _____ |
| | DATES OF PREVIOUS EMPLOYMENT _____ - _____ |

We hereby certify that the person named in this application is in a full-time Certified and Commissioned Law Enforcement Position of the above-named police department, paid solely from municipal funds, and is entitled to supplemental pay in accordance with R.S. 40:1667.1-9, Act 49 of 1959, ET SEQ

| | | | |
|---|---|---|---|
| EMPLOYEE | PRINT EMPLOYEE'S NAME: | SIGNATURE: | DATE: |
| PREPARER | PRINT PREPARER'S NAME: | SIGNATURE: | DATE: |
| APPROVER | PRINT POLICE CHIEF'S NAME: | SIGNATURE: | DATE: |
| CERTIFIER | PRINT MAYOR'S NAME: | SIGNATURE: | DATE: |

**The submission of this form and the contents therein constitutes the filing or depositing of a public record pursuant to La. R.S. 14:132 and La. R.S. 14:133. Intentionally submitting false information, forging the document, or wrongfully altering the document and the contents therein may constitute a violation of applicable criminal law, including but not limited to La. R.S. 14:132 and/or La. R.S. 14:133 and subjects the submitting parties to felony criminal prosecution, criminal fines, and criminal restitution.**

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

# MUNICIPAL POLICE SUPPLEMENTAL PAY

R.S. 40:1667.1-9, Act 49 of 1959, ET SEQ

## CERTIFICATE OF PRIOR SERVICE FOR NEW APPLICANTS

**TO BE COMPLETED AND SIGNED BY PRIOR SERVICE MUNICIPALITY/PARISH/STATE AGENCY AND RETURNED TO CURRENT MUNICIPALITY**

**COMPLETE A SEPARATE FORM FOR EACH PERIOD OF EMPLOYMENT OR CHANGES IN CLASSIFICATION/JOB TITLE**

*(Make copies as needed)*

| MUNICIPALITY/PARISH/STATE AGENCY NAME | FORMER EMPLOYEE NAME (As it appears on the SS Card) |
|---|---|
| MUNICIPALITY MAILING ADDRESS<br><br>CITY STATE ZIP | |
| TELEPHONE NUMBER OF PREPARER<br>_____ | E-MAIL ADDRESS OF PREPARER |

FOR THE PRIOR SERVICE TO BE ELIGIBLE, IT MUST HAVE BEEN SERVED IN AN OFFICIAL FULL TIME LAW ENFORCEMENT POSITION IN ACCORDANCE WITH R.S. 40:1667.1-9, Act 49 of 1959, ET SEQ

| DATES OF EMPLOYMENT<br><br>FROM _____ TO _____ | SOCIAL SECURITY NUMBER OF FORMER EMPLOYEE<br><br>_____ |
|---|---|
| **WAS EMPLOYMENT FULL-TIME AND PAID IN ACCORDANCE WITH FLSA?**<br>☐ **Yes** ☐ **No** | CLASSIFICATION/JOB TITLE |
| **DID APPLICANT RECEIVE SUPPLEMENTAL PAY?**<br>☐ **Yes** ☐ **No** | REASON FOR SEPARATION |

We hereby certify that the person named in this certificate occupied a full-time Certified & Commissioned Law Enforcement position of the above-named police department, paid solely from municipal funds, and was entitled to receive supplemental pay in accordance with R.S. 40:1667.1-9, Act 49 of 1959, ET SEQ.

| | | | |
|---|---|---|---|
| PREPARER | PRINT PREPARER'S NAME: | SIGNATURE: | DATE: |
| APPROVER | PRINT POLICE CHIEF'S NAME: | SIGNATURE: | DATE: |

**The submission of this form and the contents therein constitutes the filing or depositing of a public record pursuant to La. R.S. 14:132 and La. R.S. 14:133. Intentionally submitting false information, forging the document, or wrongfully altering the document and the contents therein may constitute a violation of applicable criminal law, including but not limited to La. R.S. 14:132 and/or La. R.S. 14:133 and subjects the submitting parties to felony criminal prosecution, criminal fines, and criminal restitution.**

DPSMF
REV 2023.10

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

| SOCIAL SECURITY NUMBER | | | | MUNICIPALITY |
|---|---|---|---|---|
| **CHECK (√) ONE BELOW** | | | | |
| FIRE ☐ | POLICE ☐ | MARSHAL ☐ | CONSTABLE ☐ | JOP ☐ |
| ***ACCOUNT INFORMATION*** | | | | |
| ACTION TYPE (check one)<br>☐ NEW ☐ CHANGE | | | | FINANCIAL INSTITUTION NAME<br>ACCOUNT NAME (Example: Mr. and Mrs. John Doe, John or Jane Doe, John Doe) |
| FINANCIAL INSTITUTION ROUTING (ABA) NUMBER | | | | ACCOUNT NUMBER |
| ACCOUNT TYPE (check one)<br>☐ CHECKING<br>☐ 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:<br>Signature from institution:<br>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 new signed form is received from me and the Department of Public Safety has had reasonable opportunity to act on the changes.

_____ _____ _____

Signature Date Daytime phone number

**PRINT LEGIBLY OR TYPE ALL INFORMATION TO ENSURE ACCURACY**

**EMAIL SCANNED COMPLETED DOCUMENT COPY TO MUNPAY@LA.GOV**