



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

2025 Annual Certifying Signature Form
Fire Supplemental Pay

Date Completed _____

Municipality Name

Municipality Code (see Warrant's signature page)

Mailing 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 the 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 Municipal 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 (1) the Payroll Administrator/Finance Director/Administrative Director as the Preparer's Signature; (2) The Fire Chief as Approving Official's Signature; and (3) the Mayor or Parish President/Fire Board President as the Certifying Official's Signature.

This certification form must be returned to DPS&C by January 15, 2025. Scan and e-mail the form with the December warrant to MUNPAY@la.gov, or submit it with the December warrant at <https://sumpay.portal.la.gov/>. It is the responsibility of the Municipality to notify DPS&C if any of the authorized signatures change during the calendar year. If this occurs, a new "Annual Certifying Signature Form" must be e-mailed immediately.

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.

PREPARER'S SIGNATURE:	PRINT NAME:	PRINT TITLE:	PHONE NUMBER	E-MAIL ADDRESS
APPROVER'S SIGNATURE:	PRINT NAME:	PRINT TITLE:	PHONE NUMBER	E-MAIL ADDRESS
CERTIFYING OFFICIAL'S SIGNATURE:	PRINT NAME:	PRINT TITLE:	PHONE NUMBER	E-MAIL ADDRESS

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 or misleading information, forging the document, or wrongfully altering the document and the contents therein, may subject you to personal liability and/or criminal prosecution.