



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

MUNICIPAL POLICE SUPPLEMENTAL PAY

NEW POLICE DEPARTMENT/DISTRICT QUESTIONNAIRE

Please answer the following questions so the Municipal Police Supplemental Pay Board of Review can make an eligibility determination of your Police Department/District.

**SUBMIT THIS FORM WITH A COMPLETED APPLICATION PACKET
THROUGH THE SUMPAY PORTAL**

MUNICIPALITY LEGAL ENTITY NAME _____ Attach a copy of the statute, ordinance or other documents which established your entity and a copy of your entity's Organization Chart			
MUNICIPALITY PHYSICAL ADDRESS _____ _____	CITY _____	STATE _____	ZIP _____
MUNICIPALITY MAILING ADDRESS _____ _____	CITY _____	STATE _____	ZIP _____
MUNICIPALITY TELEPHONE NUMBER (____) ____ - ____		MUNICIPALITY PRIMARY PREPARER E-MAIL ADDRESS _____	

Please answer the following questions regarding your organizational structure

Provide your Federal Tax Identification Number (EIN) _____	
Is your department a For-Profit or Non-Profit entity? ☐ Profit ☐ Non-Profit Submit a copy of the IRS Letter of Determination	
What percent of your budget is provided by the Municipality or Parish? _____ %	
What other sources of Funding does your department receive? Attach a detailed summary of all other sources of funding and the Percentage.	
Does your Police Department have a contract or Memorandum of Understanding to provide services? ☐ Yes ☐ No If yes attach a copy of the contract or MOU and an explanation of its terms.	

Please answer the following questions regarding your hiring policies

Do your employees belong to a Municipal Civil Service System? ☐ Yes ☐ No If no, please provide documents outlining your Hiring Authority	
Are your Officers employees of the Department or some other entity? ☐ Yes ☐ No Please explain any NO answers.	



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Please answer the following questions regarding your pay policies

Do your employees receive a paycheck from the Municipality/Parish	☐ Yes	☐ No
Do your employees receive a paycheck from the State of Louisiana	☐ Yes	☐ No
Are your employees paid in accordance with FLSA?	☐ Yes	☐ No
Please explain any NO answers		

Please answer the following questions regarding your training policies

Does your Municipality/Parish have its own training Program?	☐ Yes	☐ No
Does your training program meet all the requirements of POST?	☐ Yes	☐ No
If no, which program is your department presently using for training? _____		

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.