

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

2025 Annual Certifying Signature Form

Constable/Justice of the Peace

Completed Date:						
Parish Name	Town Code (see Warrant's signature page)					
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 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 Parish Secretary/Treasurer as Approving Official's Signature; the Parish President or Police Jury President as the Certifying Official's Signature; and the Payroll Administrator/Finance Director as the Preparer's Signature.

This certification form must be returned to DPS&C by <u>January 15, 2025</u>. Scan and e-mail the form with the December warrant to <u>MUNPAY@la.gov</u>, or <u>submit</u> 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:	TITLE:	PHONE NUMBER	E-MAIL ADDRESS
APPROVING OFFICIAL'S SIGNATURE:	PRINT NAME:	TITLE:	PHONE NUMBER	E-MAIL ADDRESS
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CERTIFYING OFFICIAL'S SIGNATURE:	PRINT NAME:	TITLE:	PHONE NUMBER	E-MAIL ADDRESS