Fire Application Required Documentation

Attachment to "Application for Supplemental Pay"

FIRE: CIVIL SERVICE

1. APPLICATION – "Application for Supplemental Pay."
    a. Must be DPS form DPSMF REV 4/2024
    b. Must be signed by the employee and all three officials designated in the most recently submitted "Certifying Signature Letter."
2. Prior Service Form
    a. Must be completed and signed by the prior service Municipality, not the applying Municipality
3. Firefighter 1 Certificate (COPY)
    a. A copy of the Firefighter I Certificate issued by OSFM/FETA is required. OSFM/FETA must first evaluate all out-of-state equivalent Firefighter I certificates, and their reciprocity certification must be included. If the original certificate was issued prior to 1990 and the copy is no longer available, an OSFM/FETA "Letter of Certification" is acceptable.
4. The Personnel Action Form must verify the following and must include at least two of the three signatures—Recommended, Approved, and Chairperson. Each signature must be from a different individual:
    a. Employment Date
    b. Job Title
5. A copy of the Official Civil Service Job Description
6. A legible copy of the Applicant's Social Security Card
7. DPS Supplemental Pay Direct Deposit Form signed by the applicant

FIRE: NON-CIVIL SERVICE

1. APPLICATION – "Application for Supplemental Pay."
    a. Must be DPS form DPSMF REV 4/2024
    b. Must be signed by the employee and all three officials designated in the most recent "Certifying Signature Letter."
2. Prior Service Form
    a. Must be completed and signed by the prior service Municipality, not the applying Municipality
3. Firefighter 1 Certificate (COPY)
    a. A copy of the Firefighter I Certificate issued by OSFM/FETA is required. OSFM/FETA must first evaluate all out-of-state equivalent Firefighter I certificates, and their reciprocity certification must be included. If the original certificate was issued prior to 1990 and the copy is no longer available, an OSFM/FETA "Letter of Certification" is acceptable.
    b. A copy of their maritime firefighting certificate(s).
        i. Must include the Basic and Advanced Certifications as either separate certificates or the Combined certification.
        ii. Forty hours is the minimum required hours.

4. A copy of the Signed Board Minutes, signed by the mayor/parish president/chairperson, verifying the following:
   a. Employee Name
   b. Employment Date
   c. Job Title
   d. If the Employee is Full Time
5. If board minutes are missing or don't confirm the required details, a letter on department letterhead must be submitted. It should be signed by the mayor (or the hiring authority, if different), explain the hiring process, and state why board minutes aren't available. The letter must also include all required information and be signed by the person with hiring authority. If the chief is the hiring authority, the revised statute must be included in the application packet.
6. A copy of the **Official Detailed Job Description**
7. Legible copy of the Applicant's Social Security Card
8. DPS Supplemental Pay Direct Deposit Form signed by the applicant

NOTES TO TOWNS:

An incomplete, illegible, or otherwise unacceptable application 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 order listed above
The PDF must have all documents 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 before the estimated effective date to ensure ample time for board approval and staff processing prior to the actual effective month.

Applications should be submitted with all required documents before the one-year requirement is met.

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

MUNICIPAL FIRE SUPPLEMENTAL PAY

R.S. 40:1666.1-9, Act 82 of 1963, 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 ACCORDING TO FLSA? ☐ YES ☐ NO	FIREFIGHTER 1 CERTIFICATION DATE: _____ / _____ / _____	MARITIME FF CERTIFICATION DATE: _____ / _____ / _____

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

DOES YOUR MUNICIPALITY BELONG TO THE MUNICIPAL FIRE & POLICE CIVIL SERVICE SYSTEM? ☐ YES ☐ NO	**IF YES**, ATTACH HIRING PERSONNEL ACTION FORM. **IF NO**, SEE REQUIRED DOCUMENTATION INSTRUCTIONS.	ATTACH EMPLOYEE'S OFFICIAL JOB DESCRIPTION **PROVIDE OFFICIAL JOB TITLE BELOW**: _____

PREVIOUS FIREFIGHTER 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 occupies a full-time Certified Fire Protection Officer position of the above-named fire department, paid solely from municipal funds, and is entitled to receive supplemental pay in accordance with R.S. 40:1666.1-9, Act 82 of 1963, ET SEQ**.**

EMPLOYEE	PRINT EMPLOYEE'S NAME:	SIGNATURE:	DATE:
PREPARER	PRINT PREPARER'S NAME:	SIGNATURE:	DATE:
APPROVER	PRINT FIRE CHIEF'S NAME:	SIGNATURE:	DATE:
CERTIFIER	PRINT MAYOR/PARISH PRESIDENT/FIRE BOARD PRESIDENT'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 FIRE SUPPLEMENTAL PAY

R.S. 40:1666.1-9, Act 82 of 1963, 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	CITY STATE ZIP
TELEPHONE NUMBER OF PREPARER (_____) _____ - _____	E-MAIL ADDRESS OF PREPARER

FOR THE PRIOR SERVICE TO BE ELIGIBLE, IT MUST HAVE BEEN SERVED IN AN OFFICIAL FULL TIME FIREFIGHTER POSITION IN ACCORDANCE WITH R.S. 40:1666.1-9, Act 82 of 1963, ET SEQ

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

We hereby certify that the person named in this certificate occupied a full-time Certified Fire Protection Officer position of the above-named fire department, paid solely from municipal funds, and was entitled to receive supplemental pay in accordance with R.S. 40:1666.1-9, Act 82 of 1963, ET SEQ.

PREPARER	PRINT PREPARER'S NAME:	SIGNATURE:	DATE:
APPROVER	PRINT FIRE 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 4/2024

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) ☐ NEW ☐ CHANGE		FINANCIAL INSTITUTION NAME 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) ☐ CHECKING ☐ 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 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