TO BE SIGNED BY CHIEF ADMINISTRATIVE OFFICIAL OF CITY/COUNTY MAKING APPLICATION FOR SALARY SUPPLEMENT

PLEASE RETURN ORIGINAL ONLY – NO COPIES NECESSARY

Salary Supplement Request

Request for pay of police salary supplement is hereby made. I have examined the attached reporting form and find it complete and correct to the best of my knowledge.

Request for payment is made with the understanding that payments disbursed by the State of Tennessee are subject to the deduction of applicable taxes by the local unit of government before disbursement to eligible full-time police officers.

The undersigned further certifies that all personnel receiving the salary pay supplement are full time certified law enforcement officers as defined in Tennessee code Annotated Title 38 Chapter 8, and that their primary duties and responsibilities during calendar year 2018 were to detect and prevent crime.

2018 Just and Fair Policing Addendum: Between January 1, 2016 and December 31, 2018,_____officers with this agency received Fair and Just Policing Training consisting of the course designed and distributed by the TBI and TLETA or a substantially similar POST approved course.

Total salary supplement requested: No. Of Officers _____ $_____
($600.00 x number of officers)

Signature _____
City or County Chief Administrative Official
(Sheriff/Police Chief – (**DO NOT SIGN**)

_____
Please print or type name of above official

Dept. _____

Title _____

Date _____

Official Mailing Address:

_____

_____

_____

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# of Officers _____ Date of Payment _____

Amount Paid _____ Warrant No. _____