

## Salary Supplement Request and Report

### TO BE SIGNED BY CHIEF ADMINISTRATIVE

Request for payment 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.

This request is made with the understanding that payments received 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 the 2023 calendar year were to detect and prevent crime.

*Total salary supplement requested:*

Number of Officers: \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_ (# of officers x \$800.)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name, Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Official  
Mailing Address: \_\_\_\_\_

\_\_\_\_\_

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### FOR P.O.S.T. USE ONLY

Correct Number of Officers Eligible: \_\_\_\_\_ Amount \$ \_\_\_\_\_

(Corrections to Agency Supplement Request)

Employee Signature: \_\_\_\_\_

Date Processed: \_\_\_\_\_