



## Salary Supplement Voucher

### TO BE SIGNED BY CHIEF ADMINISTRATIVE OFFICIAL

By signing below, I am requesting funds for the payment of an additional retention bonus in the amount of eight hundred dollars (\$800.00) per officer from the city/county ("local government") listed below to be paid to full-time police officers, as defined by T.C.A. § 38-8-103(3), who are employed by a local government as of the date of this request and who were paid the 2023 calendar year in-service salary supplement submitted to and approved by the POST Commission by this agency. A copy of the roster submitted by the Agency to the POST Commission is attached hereto, and the undersigned certifies that all individuals listed on the attached roster meet the eligibility requirements set out in Delegated Grant Authority (No. 83000) and as described above. The undersigned certifies that all funds received from this request will be paid to individuals listed on the attached roster and that the local government agrees to be bound to and abide by the program requirements set out in Delegated Grant Authority (No. 83000).

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 were 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.

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: \_\_\_\_\_

City/County: \_\_\_\_\_

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

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

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

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

(Corrections to Agency Supplement Request)

Total salary supplement paid for 2023 calendar year: \_\_\_\_\_

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

Employee Signature: \_\_\_\_\_ Date Processed: \_\_\_\_\_