

# Louisiana Peace Officer Standards and Training

Post Office Box 3133

Baton Rouge, LA 70821

Phone: 225-342-1530, Fax: 225-342-1672

Email: [POST@lcle.la.gov](mailto:POST@lcle.la.gov)

## **FORM PC-562: Certification of Employment**

I hereby certify that the below-named individuals are peace officers, as defined in R.S. 40:2402, (The Peace Officer Standards and Training Law), Level 1 (Basic Peace Officer) or Level 2 (Basic Correctional Peace Officer).

I further attest that these individuals are employed by this department as police officers/ deputy sheriffs, in accordance with the provisions of R.S. 33:2218.2 et. seq. (Employment Status may be Full-Time, Part-Time, or Reserve/Auxiliary)

I respectfully request acceptance of these officers into your upcoming P.O.S.T. - certified basic training course.

Name	Social Security #	Driver's License # and State	Employment Status	Employment Date

I understand that (if monies are available through the Louisiana Commission on Law Enforcement) my department may be reimbursed a maximum of \$500 for each Level 1 and \$250 for each Level 2 (local) full-time certified graduate who meets the criteria outlined herein, depending on which specific training is completed.

The following personnel will not be deemed to be peace officers for purposes of Louisiana Commission on Law Enforcement reimbursement: personnel hired primarily to perform purely clerical or non-enforcement duties, including but not limited to typists, office machine operators, filing clerks, steno clerks, stenographers, animal shelter personnel, school crossing guards, secretaries, cooks, mechanics, and maintenance personnel whether or not duly commissioned.

RESERVE/PART-TIME OFFICERS, and STATE AND FEDERAL AGENCY PERSONNEL, ARE INELIGIBLE FOR REIMBURSEMENT UNDER ACT 562, AND ARE ALSO INELIGIBLE FOR RECEIVING SUPPLEMENTAL PAY.

This form (PC-562) shall be utilized as a cross-reference to determine compliance with the POST Law, as it relates to supplemental pay eligibility, reimbursement purposes, and eligibility for training.

\_\_\_\_\_  
Signature of Agency Head

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Printed Name of Agency Head

\_\_\_\_\_  
Date

**Must be original signature and NOT facsimile**

**ACADEMY DIRECTOR:** Forward original with PC-10 (Exam Request) to P.O.S.T. Council , Post Office Box 3133, Baton Rouge, LA 70821

(RETAIN COPIES FOR YOUR FILES)

Revised 01/2009