



ADDITIONAL MONTHLY PAY

Name: _____ Social Security # XXX-XX-
Last First MI

Current Rank: _____

**PRIOR ASSIGNMENT PAY
 (Tier 2 Only)**

Prior Assignment Pay Received (Check one): Yes No

Bonus Code/Type: _____

Dates Assignment Pay Received: _____ thru _____

Monthly Salary on last day Assignment Pay Received \$ _____

PRIOR HAZARD PAY

Prior Hazard Pay Received (Check one): Yes No

Rank at time receiving Hazard Pay: _____

Bonus Code/Type: _____

Dates Hazard Pay Received: _____ thru _____

Monthly Salary on last day Hazard Pay Received \$ _____

Member's Signature: _____ Date: _____

If you have any questions, please contact the DROP/Service Pensions Section at:

**Los Angeles Fire and Police Pensions
 Attn: DROP/Service Pensions Section
 701 E. 3rd Street, Suite 200
 Los Angeles, CA 90013**

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 (213) 279-3100**

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