



Secondary Employment Services Application

OKALOOSA COUNTY SHERIFF'S OFFICE

CONTACT INFORMATION

Business Name: _____
(Full Company Name)

Street: _____ E-Mail Address: _____

Suite #: _____ Bldg #: _____ Rm/Hall: _____ City: _____ State: _____ Zip: _____

Contact Information: _____ Title: _____
(Last, First, Middle)

Phone #: _____ FAX #: _____ E-Mail Address: _____

Pager #: _____ Cell #: _____

Business Accounts Payable Contact: _____ Phone #: _____ Ext.: _____
(Last, First)

MANAGEMENT COMPANY

Management Company Name: _____

Street: _____ E-Mail: _____

P.O. Box: _____

Suite #: _____ Bldg #: _____ Rm/Hall: _____ City: _____ State: _____ Zip: _____

Management Company Representative: _____ Title: _____
(Last, First, Middle)

Work #: _____ FAX #: _____

Pager #: _____ Cell #: _____

Management Company Accounts Payable Representative: _____ Phone #: _____ Ext.: _____
(Last, First, Middle)

E-Mail: _____

JOB SITE LOCATION INFORMATION

Location Name: _____

Address: _____ Gate access community? Yes No

Suite #: _____ Bldg #: _____ Rm/Hall: _____ City: _____

REQUESTED SHIFT SCHEDULE

Is this an ongoing detail over 31 calendar days? Yes No

Please provide a listing of your requested shifts. (You may e-mail a detailed schedule to: offduty@sheriff-okaloosa.org.)

Start Date: _____ Start Time: _____ End Date: _____ End Time: _____

Start Date: _____ Start Time: _____ End Date: _____ End Time: _____

Start Date: _____ Start Time: _____ End Date: _____ End Time: _____

Start Date: _____ Start Time: _____ End Date: _____ End Time: _____

Should the requester cancel the detail with less than 24 hour notice, the above agrees to pay for two (2) hours of compensation paid directly to the Okaloosa County Sheriff's Office deputy(s) assigned to the detail including administrative fee.

JOB INFORMATION SECTION

Are there any other agencies working this detail? Yes No

If yes, which ones? _____

Number of deputies requested: _____ Anticipated crowd size: 1-49 50-149 150-299 300-599
600-999 1000-1499 1500-2499 2500+

Alcohol sold? Yes No Alcohol served? Yes No

Describe job duties requested of deputies (i.e., traffic control, crowd control, etc.) _____

TYPE OF EVENT - Please describe the nature of your event (i.e., carnival, concert, traffic control, etc.) _____

SUBMITTED BY:

I understand and agree to pay the Okaloosa County Sheriff's Office an Equipment Usage Reimbursement fee for the use of any agency equipment (vehicles, fuel, uniforms, accessories, etc.). I understand an Okaloosa County deputy engaged in off-duty employment is not covered by the Workers' Compensation Program or liability provisions of the agency's insurance plan except when engaged in law enforcement related actions. In the event of a non-enforcement-related incident/injury, the deputy falls under the Off-Duty Employer's Workers' Compensation coverage or liability insurance. If you do not provide this coverage, you must notify the deputy that he or she is assuming individual responsibility as an independent contractor. I also understand and agree that the Sheriff's Office reserves the right to cancel an off-duty detail without notice and recall deputies when necessary for community safety. The Sheriff's Office may revoke any detail that is determined to be a conflict of interest or creates liability to the Sheriff's Office. Revocation may be in writing or verbal. In exchange for the services listed above, the above listed business/organization/person agrees to pay the following hourly rate:

\$27 – Tier 1; \$37 – Tier 2 (Paid directly to the OCSO deputy performing the services) and \$3.00 (Paid directly to the Okaloosa County Sheriff's Office for each deputy assigned to the detail). The Okaloosa County Sheriff's Office and its personnel are only authorized to accept checks or money orders for services rendered.

A minimum of three business days' notice is required to complete the process. Requests not meeting the three day processing schedule will be assessed a convenience fee. The rate of pay will be \$40.00 (\$37 Deputy, \$3 OCSO) an hour with a four hour minimum charge.

Print Name: _____ Signature:

Date: _____

FOR OFFICE USE ONLY

Approved Denied Approved By: _____ Date: _____
 Tier 1 Tier 2 Div. Commander: _____ Date: _____

NOTES:
