

Secondary Employment Services Application

OKALOOSA COUNTY SHERIFF'S OFFICE

CONTACT I	NFORMATION				
Business Nam	ie:				
				E-Wan	
	Bldg #:	Rm/Hall:	City:	State	e: Zip:
Contact Information:				Title:	
				L-Ivian	
Office #:		FAX #:		Address:	
Main #:		Cell #:			
Accounts Paya	able				
Contact:				Phone #:	Ext.:
	(Last, First)				
MANAGEM	ENT COMPANY	7			
		_			
Street:				E-Mail:	
P.O. Box					
Suite #:	Bldg #:	Rm/Hall:	City:	Sta	te: Zip:
	·				
Management (
Representative	e: (Last, First, Middle)			Title:	
				FAX #:	
Office #:				Cell #:	
Management (Company				
Accounts Paya	able				_
Representative	e:(Last, First, Middle)			Phone #:	Ext.:
	E-Maii:				
		JOB S	SITE LOCATION IN	FORMATION	
				Gate access commu	unity? Yes No
Location Nam	ie:			Gate Code:	IIIty: 105 110
l					
Address:					
Suite #:	Bldg #:	Rm/Hall:	City:	Zip	Code:

	REQU	ESTED 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 the Okaloosa County Sheriff's Office	with less than 24 hours ned deputy(s) assigned to	otice, he/she agrees to pay for two (2) hou the detail along with applicable adm	rs of compensation paid directly to inistrative fees to OCSO.		
	lon				
	JOB I	INFORMATION SECTION			
Are there any other agencies working	g this detail? Yes	No□			
If yes, which ones?					
Number of deputies requested:	Anti	cipated crowd size: 1-49□ 50-1	49□ 150-299□ 300-599□		
		600-999 1	000-1499 1500-2499 2500+		
Alcohol sold? Yes □ No□ Alcohol served? Yes □ No□					
Describe job duties requested of dep	outies (i.e., traffic contr	rol, crowd control, etc.)			
Describe job duties requested of deputies (i.e., traffic control, crowd control, etc.)					
_					
TYPE OF EVENT - Please describe	the nature of your eve	ent (i.e., carnival, concert, traffic contro	ol, etc.)		
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		SUBMITTED BY:			
equipment (vehicles, fuel, uniforms, covered by the Workers' Compensation enforcement related actions. In the Workers' Compensation coverage of assuming individual responsibility as cancel an off-duty detail without no detail that is determined to be a cor	accessories, etc.). I un tion Program or liabilit event of a non-enforce r liability insurance. If s an independent conti tice and recall deputies oflict of interest or crea	nderstand an Okaloosa County deputy by provisions of the agency's insurance ement-related incident/injury, the dep by you do not provide this coverage, you ractor. I also understand and agree th s when necessary for community safe	uty falls under the Off-Duty Employer's must notify the deputy that he or she is at the Sheriff's Office reserves the right to ty. The Sheriff's Office may revoke any vocation may be in writing or verbal. In		
Okaloosa County Sheriff's Office for	each deputy assigned vice date encompasse.	s any OCSO recognized holiday (G.O.	s) and \$3.00 (Paid directly to the need by the District Commander by venue. 36.04). The Okaloosa County Sheriff's		
		mplete the process. Requests not mee .00 (\$37 Deputy, \$3 OCSO) an hour wit	eting the three day processing schedule will h a four hour minimum charge; short		
Print Name:					
Date:		Signature:			

Date:

			FOR OFFICE USE ONLY
Approved	Tier 1	Approved By:	Date:
Denied	Tier 2	Div. Commander:	Date:
	Tier 3	Holiday:	
Notes:			
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