

OKALOOSA COUNTY SHERIFF'S OFFICE

CONTACT INFORMATION

Business Name :						
Street:		E-Mail:				
Suite #:	Bldg #:	Rm/Hall:	City:			
Point of Contact:				Title:		
Office #:		FAX #:		Email:		
		Cell #:		_		
Accounts Payable Contact:				Phone #:		Ext.:
E-Mail:				Fax	к #:	
MANAGEMEN	T COMPAN	Y				
Management Com	pany Name: _					
		Email:				
Mailing Address:						
					State:	Zip:
Management Com Representative:					Title:	
Main #:		Office #:	Cell #:		_ Fax #:	
Accounts Payable Representative:			Phone #:		Email:	

IMPORTANT

The Okaloosa County Sheriff's Office cannot accept cash payments for administrative fees. Payments to the Sheriff's Office must be in the form of check or money order.

Payments to the deputy may be in cash, check, or money order.

JOB SITE LOCATION INFORMATION					
				Gate access community? Yes Gate Code:	No
				Zip Code:	

REQUESTED SHIFT SCHEDULE						
Is this an ongoing detail over 31 calendar days? Yes No Please provide a listing of your requested shifts. (You may email 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:			
	JOB INFORMAT	ION 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 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 secondary 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 Secondary Employer's Workers' Compensation coverage or liability insurance. If you do not provide this coverage, you must notify the deputy that he/she is assuming individual responsibility as an independent contractor. I also understand and agree that the Sheriff's Office reserves the right to cancel a secondary employment 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 <u>hourly rate</u>:

• Tier 1 – \$27; Tier 2 – \$37; Tier 3 – \$40 (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). Tier 2 rates are determined by the District Commander by venue. Tier 3 rates are applicable if the service date falls within the times listed on the holiday rate guide (published annually and located on OCSO website). The Okaloosa County Sheriff's Office is only authorized to accept checks or money orders for administrative fees.

A minimum of three business days' notice (72 hours) is required to process the application. 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; short notice holiday coverage requests will require Tier 3 rates with a four hour minimum charge.

Should I cancel the detail with less than 24 hours notice, I agree to pay for two (2) hours of compensation, including administrative fees, at the applicable rate. If the canceled detail was a short notice detail, I agree to pay for four (4) hours of compensation. Details whose duration is cut short will be billed for the full contracted duration unless stipulated in this contract.

Print Name:

Date:

Signature:

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