



Secondary Employment Services Application

OKALOOSA COUNTY SHERIFF'S OFFICE

CONTACT INFORMATION

Business Name : _____

Street: _____ E-Mail: _____

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

Point of Contact: _____ Title: _____

Office #: _____ FAX #: _____ Email: _____

Main #: _____ Cell #: _____

Accounts Payable
Contact: _____ Phone #: _____ Ext.: _____

E-Mail: _____ Fax #: _____

MANAGEMENT COMPANY

Management Company Name: _____

Street Address: _____ Email: _____

Mailing Address: _____

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

Management Company
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

Location Name: _____ Gate access community? Yes No
Gate Code: _____

Address: _____

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

- 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

Tier 1

Approved By: _____

Date: _____

Denied

Tier 2

Div. Commander: _____

Date: _____

Tier 3

Holiday: _____

Notes:
