



Secondary Employment Services Okaloosa County Sheriff's Office

Contact Information:

Business/ Requestor: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Website: _____
Point of Contact: _____ Title: _____
Main #: _____ Office #: _____ Cell #: _____
Email: _____ Fax #: _____

Please only fill out the below section if you have a management company who will be remitting checks.

Management Company:

Company Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Website: _____
Point of Contact (*accounting*): _____ Title: _____
Main #: _____ Office #: _____ Cell #: _____
Email: _____ Fax #: _____

IMPORTANT INFORMATION ON FEES:

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 deputies may be in cash at the time of the detail, or by check/money order if remitted after the fact in the name of the individual deputy.

PAYMENT DUE UPON INVOICING**Job Location Information:**

Location Name: _____ Gate Code: _____
Street Address: _____ Suite #: _____ Bldg. #: _____ Rm/Hall: _____
City: _____ State: _____ Zip: _____ POC: _____
Additional Information for the Deputy: _____

Job Information Section:

Are there any other agencies working this detail? No Yes, namely _____

Does this detail require road closure, traffic interruption, and/or event permitting? No Yes (**Attach Permit**)

Alcohol sold? No Yes Alcohol served? No Yes Number of Deputies: _____

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

Requested Shift Schedule:

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

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

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

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

If this an ongoing detail you may email requested schedules to offduty@sheriff-okaloosa.org

Agreement

I understand and agree to pay the Okaloosa County Sheriff's Office an administration fee of \$3/hour/deputy for the use of agency equipment (vehicle, 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 injury, the deputy falls under the Secondary Employer's Workers' Compensation coverage or liability insurance. If I do not provide this coverage, I 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. The Okaloosa County Sheriff's Office Secondary Employment Program is voluntary for deputies; approval of this application does not guarantee coverage.

In exchange for the services listed above, I agree to pay the following hourly rate:

- Tier 1- \$37, Tier 2- \$47, Tier 3- \$52 (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 the [OCSO website](#)). The Okaloosa County Sheriff's Office is only authorized to accept checks or money orders for administrative fees.

A minimum of three (3) 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 \$50.00 (\$47 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 a 24 hour 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 agreement (e.g. weather dependent events, roadway construction, etc.).

The undersigned agrees to remit payment upon invoice.

Print Name: _____ Date: _____ Signature: _____

FOR OFFICE USE ONLY

Approved	Tier 1	Approved By: _____	Date: _____
Denied	Tier 2	Div. Commander: _____	Date: _____
	Tier 3	Holiday (from Rate Guide): _____	

Business/Requestor Name: _____

Notes:
