

MAITLAND POLICE DEPARTMENT

1837 Fennell Street, Maitland, Florida 32751 407-539-6242 / 407-539-2712 (fax)

Off Duty Employment Application

EMPLOYER INFORMATION SECTION							
Business Name or Individual							
Address							
Contact Person				Title			
Phone Number				Email			
Person Responsible for Payment						Phone Number	
MANAGEMENT COMPANY (COMPLETE THIS SECTION IF YOU RELY ON AN OUTSIDE MANAGEMENT COMPANY TO PROCESS YOUR ACCOUNTS PAYABLE)							
Management Company Name							
Address							
Representative Name				Title			
Phone Number				Email			
JOB SITE LOCATION INFORMATION							
Location Name							
Address						Gate Access Code, if applicable	
<i>(Include the exact location e.g. Suite 180, parking lot, etc)</i>							
JOB INFORMATION SECTION:							
Will private security also be employed?				Yes		No	
				Point of Contact:			
If yes, what agency:				Phone:			
Number of officer(s) requested?		Anticipated Number of Attendees?					
		<input type="checkbox"/> 1-50		<input type="checkbox"/> 51-150		<input type="checkbox"/> 151-300	
		<input type="checkbox"/> 301-600		<input type="checkbox"/> 601+			
Alcohol Sold?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Alcohol Served?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe Job Duties (e.g. crowd control, traffic control, security, etc):							
Type of Event – Please describe the nature of your event (e.g. carnival, concert, grand opening, construction, etc.)							
Is this an ongoing detail over 31 calendar days? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Please provide a listing of your requested shifts (A detailed schedule may be attached. If shifts are yet to be determined, please write the start and end dates and contact the Off-Duty Detail Coordinator)							
Start Date		Start Time		End Date		End Time	
Start Date:		Start Time:		End Date:		End Time:	
Submitted by:							
OFFICE USE ONLY							
<input type="checkbox"/> Approved		<input type="checkbox"/> Denied		Comments:			
Off-Duty Detail Coordinator's Signature:						Date:	
Comments:							
Deputy Chief Signature:						Date:	

The City of Maitland, in coordination with its Police Department, recognizes the need for individual parties to seek law enforcement presence for safety and security reasons unrelated to the City. It is understood that this is a non-binding agreement and the Maitland Police Department may cancel this request/detail without advance notice or cause at any time for such reasons as emergencies, inability to fill the position or other unforeseen circumstances.

Off-duty employment requests must be received at least 48 hours prior to the onset of the detail. Officers will be hired for a minimum of three (3) hours. The hiring party shall also compensate the officer(s) for any additional hours worked beyond those originally scheduled. Payment must be made by check payable to the Maitland Police Department, 1837 Fennell St. Maitland, Florida 32751. Please complete and submit the attached Off-Duty Employment Application.

Maitland Police Department off-duty detail rates per officer are as follows:

Officers: \$35.00 per hour with a three (3) hour minimum

Supervisor: \$40.00 per hour with a three (3) hour minimum

Note: Off Duty details that require three (3) or more officers also require the inclusion of a detail supervisor.

Holiday rates:

Off-duty employment services falling on New Year's Day, Easter Holiday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Eve, Christmas Day and New Year's Eve shall increase the hourly rate by \$5.00 per officer/supervisor.

Cancellations:

Twenty-four (24) hour notification of detail cancellation is required. The hiring party will be responsible for the (3) hour minimum compensation per officer should the off duty detail be cancelled without proper notification.

The undersigned agrees to compensate the City of Maitland / Maitland Police Department for officer-provided services with the understanding that the City of Maitland will compensate those officers for the services performed and provide Workers Compensation insurance through its provider in accordance with Florida Statutes. It does not constitute a waiver of the individual officer's rights. Your signature indicates that you acknowledge receipt of the guidelines implemented on this form.

Business Name (if applicable): _____

Print Name: _____

Signature: _____

Date: _____