

**MELBOURNE POLICE DEPARTMENT
SECONDARY EMPLOYMENT SERVICES APPLICATION/REQUEST**

Law Enforcement related Off-Duty employment details are restricted to security, traffic or patrol functions only

Business Information: (Failure to complete all applicable information may result in processing delays)

Organization/Business Name: _____
Business Address: _____ City/State _____ Zip Code _____
Business Contact/Representative NAME: _____ TITLE: _____
DOB: _____ DL#: _____ Work Phone: _____
Ext.: _____ FAX: _____ Email: _____

Job Site Location Information

Location Name: _____
Address: _____ City/State _____ Zip Code: _____
Have you spoken to any particular officer in reference to this job: Yes No Gated Community: Yes No
If yes, please provide his/her name: _____

Job Information Section

Describe the nature of your event/request for services: _____
Number of officers requested: _____ Please note: The number of officers required is determined by the agency and will be assigned accordingly
If applicable, anticipated crowd size: 1-50 51-150 151-300 301-600 601-1000 1001-1500 1501-2500 2501+
Indicate with a check mark services needed: Security Traffic Control Crowd Control Uniformed Officer(s) Patrol Car
Will alcohol be sold? Yes No Will alcohol be served/consumed? Yes No
If yes to either question, have you received special permitting required for your event? Yes No
Is this an on-going detail lasting more than 30 days? Yes No If yes, please provide a schedule if available

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

The undersigned hereby agrees that:

- (1) I am requesting extra duty service of law enforcement as described above.
- (2) I understand that extra-duty service is considered an extension of a sworn officer's Department responsibilities provided by the Department as a supplementary police service to a Secondary Employer, and is conditioned upon vested powers of Police Officers.
- (3) I understand that extra-duty service is provided with the explicit understanding by Secondary Employer Applicant that, at the sole discretion of the Department, the officer is subject to recall to police duty and reassignment from the applicant's event.
- (4) It is also understood that the Secondary Employer Applicant must pay the City 50% of the total cost up front. The applicant will be billed for the balance of the actual cost.
- (5) Any such public or private employer of an officer shall be responsible for the acts/omissions of the officer while performing services for that employer while off duty, including workers' compensation benefits. However, for the workers' compensation purposes of this section, an officer so employed who sustains an injury while enforcing the criminal, traffic, or penal laws of this state shall be regarded as working on duty. The MPD may include the officer's proportionate costs of workers' compensation premiums for the off-duty officers providing such services.
- (6) Should the above organization/business cancel arrangements with less than 24-hours notice, the above agrees to pay for two (2) hours of compensation paid directly to the MPD officer assigned. The MPD reserves the right to cancel off-duty details without notice and to recall officers for official duties when necessary for community safety. The MPD may revoke any detail that is determined to be a conflict of interest or creates liability to the Melbourne Police Department. Revocation may be in written or oral form.
- (7) In exchange for the services outlined above, the above listed organization/business agrees to pay the following hourly rates:

REGULAR: \$30.00 per officer, per hour AND a \$3.00 Administrative Fee per officer per hour, \$35.00 per hour per Supervisor, AND a \$3.00 Administrative Fee per officer per hour.

HOLIDAY: \$45.00 per officer, per hour AND a \$3.00 Administrative Fee per officer, per hour, \$50.00 per hour per Supervisor, AND a \$3.00 Administrative Fee per officer per hour.

Print Name: _____ Authorized Signature: _____ Date: _____

Please email application to: awebster@melbourneflorida.org or fax to 321-242-4881 Total Cost: _____ Deposit Required: _____

Payments should be mailed to: City of Melbourne Revenue Department, 900 E. Strawbridge, Melbourne, FL 32901

FOR MPD USE: SUPERVISOR APPROVAL

Print Name: _____ Signature: _____ Date: _____

Charity/Non-Profit/Govt Agency? Yes No Approved Denied Date Posted: _____ Job # _____