



SPRINGFIELD POLICE DEPARTMENT Request for Extra Duty Employment

Date of Request: _____

Name of Business/Organization: _____

Address: _____

Phone #: _____ Fax #: _____

Contact Person: _____

Date and Times Requested: _____

Type of Event: _____

Nature of duties to be performed by officers: _____

Expected Attendance: _____

Anticipated Problems: _____

Will officers be needed on a recurring basis? Yes No

Method of Payment: _____

I understand that officers shall receive a minimum hourly fee of \$40.00 and will be paid for a minimum of 4 hours regardless of the length of the detail. Requests made within 48 hours of the detail will be \$50.00 with a 4-hour minimum. I understand that if I decide to cancel the extra duty request, I must make notification to the Springfield Police Department by 5:00 P.M. the day prior to the event. If it is a weekend, I will notify Springfield Police Department Dispatch at (850) 872-7545. If this requirement is not met, I understand that I will be expected to make compensation to the officer(s) for the first scheduled day of the extra duty request.

Signature: _____ Date: _____

Business/Organization Representative

To Be Completed by Department Personnel

Uniform Presence: Uniformed Alternative Uniform Plain Clothes

Signature: _____ Date: _____ Approved Denied

Supervisor of Extra Duty

Signature: _____ Date: _____ Approved Denied

Chief of Police/Designee

SERVICE

PROFESSIONALISM

DEDICATION