



# Streetsboro Police

## Extra Duty Employment Request

(330) 626-4976 – Ph (330) 626-5239 - Fax

Date: \_\_\_\_\_

Contact Name (print) \_\_\_\_\_ Title \_\_\_\_\_

Contractor/Employing Company \_\_\_\_\_ Business Type \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City/State \_\_\_\_\_ Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_

**City Facility?**

Single Event Request?: Yes No (*circle one*). If yes; Date(s) & Hours Requested \_\_\_\_\_

If not Single Event; Daily hours to be worked: \_\_\_\_\_

Requested Work Days per week:

Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Type of Services Requested & Location:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City police cruisers requested for this detail?  Yes

Rate of Pay:  Security \$30.00/hr.  Traffic Control \$35.00/hr.  Police cruiser \$15.00/hr.

\$ \_\_\_\_\_ Rate X \_\_\_\_\_ # of Officers X \_\_\_\_\_ # Hours = \$ \_\_\_\_\_

\$ \_\_\_\_\_ Rate X \_\_\_\_\_ # of Cruisers X \_\_\_\_\_ # Hours = \$ \_\_\_\_\_

- All approved details have a four (4) hour "show up" minimum. If the event is cancelled or concludes prior to four (4) hours time, payment shall be for four (4) hours for both Officers and police cruiser(s) if police cruisers are applicable to the detail.
- Cancellation of a detail requires a minimum two (2) hours notice to the police department main dispatch line at (330) 626-4976. Failure to provide required minimum notice of cancellation will result in "show up" billing for that date.
- During such detail, the officer is not being paid by the City, and the City will not be responsible for reporting and accounting for any state, federal, social security, or local taxes. The City assumes no liability for the actions of the independent contractor, their agents or employees, or the officer.
- Payment for Officer(s) work is made directly to the Officer(s). Payment for the use of City of Streetsboro police cruisers is paid separately, by check made payable to "The City of Streetsboro" upon conclusion of the detail.

**Comments/Special Instructions by SPD Detail Coordinator:**

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Signature by Requesting Party below indicates understanding of the above instructions, and compensation terms & conditions as outlined on page 1.

Requesting Party \_\_\_\_\_ Date \_\_\_\_\_

SPD Detail Coordinator \_\_\_\_\_ Date \_\_\_\_\_

- Approved
- Not Approved

**FORM IS TO BE FAXED TO SPD AT (330) 626-5239**