Off Duty Detail Agreement

Date: ____________________

Organization: ___________________________________________ Contact Name: ____________________________

Mailing Address: __________________________________________ Phone Number: ______________________________

Email Address: ______________________________

- Payment Method?  □ ACH  □ Credit/Debit Card

ABOUT YOUR EVENT:

Date/Time Event Begins: ____________________ Date/Time Event Ends: ____________________

- Type of Event?  □ Private  □ Public  □ Marked Unit Required?  □ Yes  □ No

- Is Alcohol Being Served?  □ Yes  □ No

- Category:  □ Security  □ LE Presence  □ Funeral  □ Sporting  □ Other

- Job Type:  □ General Security  □ Foot Patrol  □ Inside Security  □ Money Transfer

- Crowd Control  □ Residential Patrol  □ Overnight Security  □ Procession Assistance

- Traffic Control  □ Construction Zone  □ Marine Patrol  □ Oversize Load

- Number of deputies requested: ____________________  □ Established Rate: ____________________

- Number of supervisors requested: ____________________  □ Established Rate: ____________________

Location of Event: __________________________________________

Job Description: __________________________________________

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<th>Day</th>
<th>Date</th>
<th># of Deputies</th>
<th>Time Begin:</th>
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Initials: ___

Gratuities for all members are expressly prohibited.

I have read and agree to all of the terms outlined on page 2 of this Agreement.

By signing below, you acknowledge that you have read, understand and agree to all terms in this agreement. Further, you acknowledge that pursuant to FL Statute 30.2905, the Employer is responsible for acts or omissions of employed off-duty deputy sheriff(s) while performing services for Employer. Employer agrees to indemnify CCSO against all claims, liabilities, loss, injury, death or damage whatsoever, including but not limited to attorney fees, on account or arising from any acts of omissions by off-duty sheriff(s) employed under this agreement.

Print Name ___________________________ Signature ___________________________ Date ________________

Updated 01/24/2020

3549 SAUNDERS WAY ~ LECANTO, FLORIDA 34461 ~ PHONE (352) 249-2717 ~ FAX (352) 249-2756
This agreement made and entered into this ______ day of ______________, 20______, by and between:

(business/individual name) ___________________________________________________________

herein sometimes referred to as “EMPLOYER”, the Citrus County Sheriff’s Office, herein sometimes referred to as “CCSO” and one or more Citrus County deputies/employees, herein sometimes referred to as “MEMBER”.

I understand I am contracting with a member of the Citrus County Sheriff’s Office to perform off-duty services permissible by FL State Statute 30.2905. I understand that a request for services is not a guarantee and is solely based upon the availability of an off-duty member. I also understand I am obligated to abide by IRS rules and regulations if required.

I understand deputies are primary employees of the Citrus County Sheriff’s Office and their primary duty, obligation and responsibility is first to the Citrus County Sheriff’s Office and the citizens of Citrus County. No off-duty employment shall infringe upon this obligation therefore, deputies are subject to other calls for service or emergency recall during off duty employment or events may be cancelled all together without prior notification. All policies, rules and regulations governing members of the CCSO shall always supersede any requests made by the employer.

I understand if a request is made of the employer that violates any agency policy or code of ethics, the member has the right to refuse such a request and ultimately terminate said employment. If a member terminates said contractual agreement due to a prohibited request, the employer will still be obligated to financially fulfill said contractual agreement.

I understand that during the course of this detail, the deputy is still an acting law enforcement officer of the Citrus County Sheriff’s Office. I understand the CCSO may make reasonable inquiries of the deputy to ensure his/her employment does not constitute a conflict of interest or interfere with the deputy’s primary duties as a law enforcement officer and to ensure his/her location and safety during the detail.

I understand that as part of contracting for services, I am consenting to the release of the members off-duty work related records if requested by CCSO.

I understand that during the course this detail, any law enforcement decision, including but not limited to issuing traffic citations and/or arrests, will be made at the sole discretion of the deputy and not by the employer.

I understand all events will be reviewed to determine appropriate staffing levels to ensure safety and sufficient coverage and that failure to employ suggested or sufficient staffing may result in a denial of event coverage.

I understand I must use the designated software to facilitate all event requests and process all payments and that there will be fees involved with such software use. I also understand that I must have an account set up in the software and a method of payment on file before an event will be approved and scheduled. Cash will not be accepted. I further understand that certain events may require pre-payment before events are approved and scheduled.

I understand that cancellations or changes must be confirmed at least 48 hours in advance of the detail, unless prior arrangements have been discussed with the Off-duty Coordinator. If the employer cancels the detail and no confirmation is received, the following rates plus any fees will be charged to my payment method on file: 48-6 hours prior to the detail – 1 hour of the established rate per deputy; Less than 6 hours prior to detail – 2 hours of the established rate per deputy.

By signing below, you acknowledge that you have read, understand and agree to all terms in this agreement.

______________________________  ________________________  ____________
Print Name                                      Signature                                      Date

Updated 01/24/2020

3549 SAUNDERS WAY ~ LECANTO, FLORIDA 34461 ~ PHONE (352) 249-2717 ~ FAX (352) 249-2756
Payment must be made electronically through Detail Kommander via credit card, debit card or ACH. No other method of payment is accepted. A method of payment must be on file before your detail will be scheduled. Gratuities are expressly prohibited.

Your method of payment will be invoiced the first business day following the worked event. Your signature on the agreement along with the acceptance of the estimate in Detail Kommander is authorization for us to collect payment. You understand and agree that the final payment may be more or less than the estimated amount.

Employers/Vendors are responsible for clearly describing the event and the duties the member is to perform while working the off-duty event. Please ensure all special requests are outlined.

If the member is to make contact with someone at the beginning of his/her tour of duty, please identify that person as well as an emergency contact, if different.

Any detail shift over 8 hours is subject to being split into two shifts.

If the employer wishes to request a specific deputy for his/her event, that request must be made in writing from the employer.

If the employer wishes to request a specific deputy NOT work his/her event, the employer must first call the Special Operations Captain to explain the issue and then submit a letter requesting to remove that member from future details/events.

All changes or cancellations must be made and approved at least 48 hours prior to the event, unless other arrangements have been discussed with the Special Operations Captain or above. If the employer cancels the detail/event and the Off-Duty Unit does not confirm the notification was received, the employer will be charged one to two hours for each member scheduled.

The Citrus County Sheriff’s Office reserves the right to cancel off-duty events without notice to recall employees for official duty when necessary for community safety.

*If you have any problems or concerns regarding a members work performance, please contact the Off Duty Coordinator at (352) 249-2717, Monday-Friday, 8am-5pm. If you have problems concerning your event after hours, please contact our non-emergency number (352) 726-1121 and ask for the Patrol Lieutenant on duty.