



Off Duty Officer Request Form

Name:	Type of Event:	Event Date:	Event Time:
Event Location:		Time Officer Requested:	Number of Officers:
Type of Duty: Traffic <input type="checkbox"/> Security <input type="checkbox"/>		Additional Information on Duties:	
Will Alcohol be Served: Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of Guest:	Requestor Name:	Phone Number:

Initial beside each of the following guidelines acknowledging these standards for off duty officer employment:

I agree to pay the amount of \$60 per hour (4 hour minimum) to each individual officer hired for the job of security.

I agree to pay the amount of \$65 per hour (2 hour minimum) to each individual officer hired for the job of directing traffic/traffic control.

I agree to pay the amount of \$70 per hour (4 hour minimum) to each individual officer hired who works the following holidays – New Years Eve/Day, Easter, Memorial Day, 4th of July, Labor Day, Thanksgiving Day/Black Friday, Christmas Eve and Day.

I understand that 2 officers are required when alcohol is served when the group size is over 150.

I understand that only law enforcement related duties will be preformed, "House Rules" cannot be enforced.

I agree that off duty officers may be called away from the assignment for extreme emergencies.

I agree to contact the coordinator listed below prior to the event to confirm officers have been assigned.

I understand that 1 officer is required per 100 people. (EX. Party size of 200 requires 2 officers; Party size of 500 requires 5 officers.)

* Submission of this form does not guarantee we will be able to fulfill the request. Requests are subject to officer availability.

CANCELLATION POLICY

I agree to contact the off duty employment coordinator (listed below) within 24 hours prior to the date of the assignment in the event of cancellation.

I understand that failure to cancel prior to 24 hours before the event will constitute a final agreement to compensate the off duty officer(s) for a minimum of 2 hours at the agreed upon hourly rate.

Requestor Signature: _____ Date: _____

Department Approvals:

Lieutenant: _____	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
Asst. Chief of Police: _____	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>

Return this form to: **Anna Police Department,**

Attn: Lt. Tammy Fernandez (Coordinator)
120 W. 7th Street
Anna, Texas 75409

Email a copy to:

tfernandez@annatexas.gov

SUBJ: Off-Duty Request Form