



## INDIAN RIVER COUNTY SHERIFF'S OFFICE

*Sheriff Eric Flowers*

### APPLICATION FOR EXTRA DUTY EMPLOYMENT

Phone: 772-569-6700 (Ext: 6161) Fax: 772-978-6164 E-Mail: [ExtraDutyDetails@irsheriff.org](mailto:ExtraDutyDetails@irsheriff.org)

In compliance with General Order 3510.12, this application is required to engage the extra-duty services of the required number of deputies for public safety, health, and welfare of those provided to the general public. A minimum of five (5) days advance notice is requested prior to the service date and advance payment will be required by an Official Bank Check or Money Order; cash is **not** accepted. All payments should be made to: Indian River County Sheriff's Office or payments may be made via credit card at the following link:

<https://indianrivercshfl.tylerportico.com/payments/billsearch/miscellaneous-payments/01eef870-b926-4c1d-b7dc-4bf49c9bfcbb>

Cancellation of the detail, with less than 24-hour notice prior to commencement of the detail, will result in a three (3) hour minimum billing per deputy.

**RATES\***: *Note: There is a three (3) hour minimum per deputy. A Supervisor is required for 5 or more deputies.*

**Extra Duty Hourly Rates:** \$60.00 Per Deputy, \$70.00 Supervisor

**Holiday Hourly Rates:** \$65.00 Per Deputy, \$75.00 Supervisor

Holidays are: July 4<sup>th</sup>, Thanksgiving Day and Day after Thanksgiving, Christmas Eve Day and Christmas Day, New Year's Eve Day and New Year's Day

**\*NOTE:** Rates are subject to change at the discretion of the Sheriff's Office. In the event of a rate change, employers and/or vendors will be given notice at least thirty (30) day prior to the date requested for Extra Duty Services. A new/updated application may be required.

#### EMPLOYER INFORMATION

Business / Person requesting services: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell: \_\_\_\_\_ FAX: \_\_\_\_\_

#### JOB SITE INFORMATION

Name / Type of Event: \_\_\_\_\_

Venue / Event Address: \_\_\_\_\_

# of Deputies Requested: \_\_\_\_\_ Alcohol Served: Yes No Expected Crowd Size: \_\_\_\_\_

Type of service: Sheriff's Office Presence Crowd Control Traffic Control Escort Event Security

Start Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Date: \_\_\_\_\_ End Time: \_\_\_\_\_

Is this an ongoing request? Yes No Estimated Duration: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

#### OFFICE USE ONLY:

# of Deputies Required: \_\_\_\_\_ Supervisor Required: \_\_\_\_\_

Projected Total Cost: \_\_\_\_\_ Approved / Denied: \_\_\_\_\_