



**INDIAN RIVER COUNTY SHERIFF'S OFFICE
APPLICATION FOR EXTRA DUTY EMPLOYMENT**

Phone: 772-569-6700 Ext: 6161 Fax# 772-978-6164 E-Mail: ExtraDutyDetails@ircsheriff.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 cashier's check or money order – no cash is accepted. All payments should be made out to: *Indian River County Sheriff's Office*. Payments can also be made online at the link below:

<https://client.pointandpay.net/web/IRCSheriffExtraDuty/>

Cancellation of the detail with less than 24 hour notice prior to commencement of the detail will result in 3 hours minimum billing per deputy.

Fee Schedule

*****Three (3) Hour Minimum Per Each Deputy*****

Deputy rate per hour: \$40.00

Supervisor rate per hour: \$45.00 (One (1) Supervisor will be required for each group of five (5) deputies)

Holiday rate per hour: Deputy: \$45.00 Supervisor: \$50.00

Holiday's consist of: July 4th, Thanksgiving, Day after Thanksgiving/Black Friday, Christmas Eve, Christmas Day, New Year's Eve, and New Year's Day.

Employer Information

Business/Person requesting services: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact person: _____ E-Mail: _____

Cell # _____ Work # _____ Fax # _____

Job Site Information

Type of Event: _____

Address of Event: _____

of Deputies requested: _____ Alcohol served: Yes / No Expected Crowd Size: _____

Type of Service: Security Presence Crowd Control Traffic Control Escort Event Security

Start Date: _____ Start Time: _____ End Date: _____ End Time: _____

Is this an ongoing detail request? Yes / No Estimated Duration: _____

Additional Notes: _____

Signature: _____ Date: _____

Credit Card Confirmation # _____

OFFICE USE ONLY

of Deputies Required: _____ Supervisor required _____

Projected total cost: _____ Approved/Denied: _____