

**MELBOURNE POLICE DEPARTMENT**  
**SECONDARY EMPLOYMENT SERVICES APPLICATION/REQUEST**  
Law Enforcement related Off-Duty employment details are restricted to security, traffic or patrol functions only

**Business Information: (Failure to complete all applicable information may result in processing delays)**

Organization/Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Business Contact/Representative NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
DOB: \_\_\_\_\_ DL#: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Ext.: \_\_\_\_\_ FAX: \_\_\_\_\_ Email: \_\_\_\_\_

**Job Site Location Information**

Location Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City /State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Have you spoken to any particular officer in reference to this job: Yes No Gated Community: Yes No  
If yes, please provide his/her name: \_\_\_\_\_

**Job Information Section**

Regarding job information, see completed special activity application. **Do not send this form directly to the Police Department.** Attach this form to the completed special activity application submitted to the City Clerk's Office.

**The undersigned hereby agrees that:**

- (1) I am requesting extra duty service of law enforcement as described above.
- (2) I understand that extra-duty service is considered an extension of a sworn officer's Department responsibilities provided by the Department as a supplementary police service to a Secondary Employer, and is conditioned upon vested powers of Police Officers.
- (3) I understand that extra-duty service is provided with the explicit understanding by Secondary Employer Applicant that, at the sole discretion of the Department, the officer is subject to recall to police duty and reassignment from the applicant's event.
- (4) It is also understood that the Secondary Employer Applicant must pay the City 50% of the total cost up front. The applicant will be billed for the balance of the actual cost.
- (5) Any such public or private employer of an officer shall be responsible for the acts/omissions of the officer while performing services for that employer while off duty, including workers' compensation benefits. However, for the workers' compensation purposes of this section, an officer so employed who sustains an injury while enforcing the criminal, traffic, or penal laws of this state shall be regarded as working on duty. The MPD may include the officer's proportionate costs of workers' compensation premiums for the off-duty officers providing such services.
- (6) Should the above organization/business cancel arrangements with less than 24-hours notice, the above agrees to pay for three (3) hours of compensation to be paid to officer assigned. The MPD reserves the right to cancel off-duty details without notice and to recall officers for official duties when necessary for community safety. The MPD may revoke any detail that is determined to be a conflict of interest or creates liability to the Melbourne Police Department. Revocation may be in written or oral form.
- (7) The Department requires a minimum of 3 hours per officer for each extra-duty detail.
- (8) In exchange for the services outlined above, the above listed organization/business agrees to pay the following hourly rates:  
**REGULAR: \$30.00** per officer, per hour **AND** a \$3.00 Administrative Fee per officer per hour, **\$35.00** per hour per supervisor, **AND** a \$3.00 Administrative Fee per supervisor per hour, \$45.00 per command staff per hour, **AND** a \$3.00 Administrative Fee per command staff, and overtime rate for non-sworn employees, **AND** a \$3.00 Administrative Fee per non-sworn employee per hour. **HOLIDAY: \$45.00** per officer, per hour **AND** a \$3.00 Administrative Fee per officer, per hour, **\$50.00** per hour per supervisor, **AND** a \$3.00 Administrative Fee per supervisor per hour, \$60.00 per command staff per hour **AND** \$3.00 Administrative Fee per command staff per hour, and time plus time and one half rate for non-sworn employees, **AND** a \$3.00 Administrative Fee per non-sworn employee per hour.

Print Name: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email application to: [karen.shelley@mlbfl.org](mailto:karen.shelley@mlbfl.org) or fax to 321-242-4881 Total Cost: \_\_\_\_\_ Deposit Required: \_\_\_\_\_  
Payments should be mailed to: City of Melbourne Revenue Department, 900 E. Strawbridge, Melbourne, FL 32901

**FOR MPD USE: SUPERVISOR APPROVAL**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Charity/Non-Profit/Govt Agency? Yes  No  Event: Approved  Denied