



Anna Police Department
101 S. Powell Parkway
Anna, Texas 75409
972-924-2848 (Main)
972-924-3162 (Fax)

Off Duty Officer Request Form

Name / Type of Event: _____ Event Date(s): _____
Event Location: _____ Event Times(s): _____
Time Officers are Requested: _____ # of Officers Requested: _____
Type of Duty: _____ Traffic _____ Security
Additional Information on Duties: _____
Will alcohol be served: ___ Yes ___ No | Will alcohol be catered? ___ Yes ___ No | # of Guests _____
Requestor Name: _____ Phone: _____

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

___ I agree to pay the amount of **\$45 per hour** (2 hour minimum) to each individual officer hired for the job of security. Department policy requires a supervisor be hired as well if 3 or more off duty officers are requested.

___ I agree to pay the amount of **\$50 per hour** (4 hour minimum) to each individual officer hired for the job of directing traffic / traffic control. If 3 or more officers are hired, a supervisor is required in addition.

___ I agree to pay the amount of **\$65 per hour** (4 hour minimum) to each individual officer hired who works the following Holidays – New Year's Eve/Day, Easter, Memorial Day, 4th of July, Labor Day, Thanksgiving Day/Black Friday, Christmas Eve and Christmas Day. If 3 or more officers are hired, a supervisor is required in addition.

___ 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 performed, "house rules" cannot be enforced.

___ I agree that off duty officers work under the authority of the Anna Police Department and its supervisors.

___ I understand that 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.

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) at the hour minimums.

Requestor Signature: _____ Date: _____

Return this form to: Anna Police Department, Attn: Lt. Pete Copin (Coordinator)

Department Approvals:

Lieutenant	_____ Approved	_____ Denied	_____
Chief of Police	_____ Approved	_____ Denied	_____