

Please Print Legibly

MAPLE SHADE POLICE DEPARTMENT

EXTRA-DUTY EMPLOYMENT REQUEST FORM

Date: _____ **Name/Title:** _____

Company Address: _____

Phone # (Office): _____ **Phone # (Cell):** _____

Job Description/Location to be performed: _____

Meeting Location (Prior to Job): _____

Number of Officers Requested: _____ **Hours of Work:** _____ **Date(s) Officers Requested:** _____

Additional Dates: _____

Emergency Contact Person: _____

Emergency Contact Phone # (Office): _____ **Emergency Contact Phone # (24 hr):** _____

Signature of Company Representative: _____ **Date:** _____

Signature of Chief: _____ **Date:** _____

Approved:

Not Approved:

Any request for extra-duty employment must be a minimum of 4 hours.

Failure of your organization to notify this agency 2 hours prior to the start of any job that it has been canceled will result in your organization being billed for 2 hours per assigned officer at the contracted rate.

Any road work related job request must have a traffic control plan that is compliant with the MUTCD that is provided to police along with the extra-duty employment request form.