



**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://indianrivereshffl.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 3 hours minimum billing per deputy.

Fee Schedule

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

Deputy rate per hour: \$60.00

Supervisor rate per hour: \$70.00 (One (1) Supervisor will be required for each group of five (5) deputies)

Holiday rate per hour: Deputy: \$65.00 Supervisor: \$75.00

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.

***NOTE: Rates are subject to change at the discretion of the Sheriff's Office. In the event of a rate change, employers/vendors will be given notice at least 30 days prior to the date for which they requested extra-duty services. A new/updated application may be required.**

Employer Information

Business/Person requesting services: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact person: _____ E-Mail: _____

Work # _____ Cell # _____ 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: _____

Payment Confirmation # _____

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of Deputies Required: _____ Supervisor required _____

Projected total cost: _____ Approved/Denied: _____