

MARYSVILLE POLICE DIVISION

1250 West 5th Street, Marysville, Ohio 43040. Phone: 937.645-7300. Fax: 937.645-7301. Email: SDMPD@marysvilleohio.org



REQUEST & PROCEDURES FOR SPECIAL DUTY POLICE OFFICERS

Special Duty Request:

When contacting the Marysville Division of Police for a Special Duty police officer or to communicate about any special duty event, please ask to speak with the Special Duty coordinator. If unavailable, please leave a message and/or ask to speak with a police administrator.

All qualified employees of the Marysville Division of Police may be hired by various businesses or organizations of the community with the advance approval of the Chief of Police to work special duty assignments

Specific Details:

Current Rates:

- \$43.00 an hour for each officer
- \$8.00 an hour for each City vehicle

Payment for special duty is required within 14 days of the date of invoice.

ALL special duty shall have a three (3) hour minimum.

If the job requires seven (7) or more officers to work the same function/event at the same time, one (1) of the officers must be a supervisor who will be paid three (3) additional dollars per hour.

Payment can be made directly to the officer(s) after the job is completed; or the Division of Police can provide an invoice for payment.

If a detail needs to be canceled, the Division of Police requires a one (1) hour prior notice. If proper cancellation notice is not provided, a three (3) hour minimum payment will be required.

All or any police personnel hired for special duty assignments will not be considered employees or agents of the hiring entity.

The special duty assignment may be ended, or conditions imposed, at any time by the Chief of Police. Additionally, the Chief of Police has the authority to order any police officer to vacate or terminate any special duty assignment in response to emergency situations or whenever the assignment creates an unacceptable risk to the health, safety, and welfare of the police officer and/or public.

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REQUEST FOR SPECIAL DUTY POLICE OFFICER(S)

TOTAL OFFICERS REQUESTED: _____

TYPE OF DUTY REQUESTED: () TRAFFIC CONTROL () SECURITY

DESCRIBE EVENT: _____

LOCATION OF EVENT: _____

DATE/TIME: _____

REQUESTING ENTITY:

Business Name: _____

Address: _____

City: _____ **State:** _____ **Zip** _____

Phone: _____ **Fax:** _____

CONTACT PERSON:

Name: _____

Phone: _____ **Alt. Phone:** _____

Email: _____

I have read and agree to the conditions for hiring a special duty police officer through the Marysville Division of Police, as attested to by my signature below.

Signature of Requesting Individual: _____

Date Submitted: _____

{FOR INTERNAL USE ONLY}

Received by: _____ **Date/Time:** _____

Approved by: _____ **Date/Time:** _____

Officer(s) Assigned: _____

Any Related Run/Incident #'s: _____

Invoiced: _____ **Payment Received:** _____