

Kittitas County Sheriff's Office

Gene Dana, Sheriff

EXTRA DUTY DEPUTY REQUEST/AGREEMENT FORM

NAME OF CONTRACTING PARTY: _____
BILLING ADDRESS: _____
TELEPHONE: () _____ CELL/MESSAGE PHONE: () _____
EMAIL ADDRESS: _____

TYPE OF EVENT: _____
LOCATION OF EVENT: _____
DATE(S) AND TIME OF EVENT _____ DURATION: _____
NUMBER OF DEPUTIES REQUESTED _____ ALCOHOL SERVED? Y N
UNIFORMED OR PLAINCLOTHES (CIRCLE ONE) APPROX. # OF GUESTS _____
Additional information: _____

_____.

PLEASE REQUEST DEPUTIES 2 WEEKS IN ADVANCE.

This is a Contract between the above listed requesting party (Party) and Kittitas County, acting through the Sheriff of Kittitas County (Sheriff), to obtain and pay for the services of one or more Deputy Sheriffs not otherwise scheduled to be on duty at that time, with issued equipment and one assigned patrol vehicle per Deputy, on the date and time shown (Event). The purpose of these services is to protect lives and property and keep the peace by enforcing the law as appropriate, consistent with the policies of the Sheriff, at the event when there may be need for such services that would otherwise not be available.

Each Deputy engaged in extra duty employment of a law enforcement nature is considered to be in an on-duty status. Deputies on extra duty assignment have a primary obligation to the Sheriff, not the Party. They are expected to discharge all duties of their position, to enforce all laws and ordinances, and to adhere to all Sheriff's Office policies, procedures, rules and regulations, as well as meeting the Party's needs. The Deputies are subject to call by the Sheriff of Kittitas County or his designee at any time for emergencies, special assignment, or overtime duty. Extra duty employment does not infringe on this obligation.

I understand that the rate is as follows: \$ _____ PER DEPUTY (including issued equipment and assigned vehicle) PER HOUR. **HOURLY RATE BEGINS AT TIME OF ENTERING SERVICE TO OUT OF SERVICE (PORTAL TO PORTAL).**

I understand that if this event is cancelled and deputies are provided with less than 24 hours notice from the intended start time of the event, I am responsible for the payment of 2 hours of time for each deputy assigned. I understand that if the deputies are required to remain at the work site less than two hours, two hours will be the minimum payment for the deputies. In the event that the period originally agreed upon cannot be fulfilled due to the direction of the Sheriff related to emergencies, special assignment, or overtime duty, the obligation of the above listed party to pay for the services terminates upon notice of such direction of the Sheriff.

The Sheriff and the Party shall be responsible and liable for the consequences of any act or failure to act on the part of itself, its employees and its agents. Each shall be responsible for its own negligence. Neither shall indemnify nor hold the other party harmless, in accordance with state and federal law.

I understand and agree that payment shall be pursuant to this agreement with the Sheriff's Office and I understand that I will be billed the hourly rate as indicated above, per deputy, for this event. Billing is accrued on the quarter hour after the first two hours. I understand that I will receive an invoice from the Sheriff's Office at the address I have provided above, which must be paid within 30 (thirty) calendar days, and that this agreement is subject to the authorization or declination of the Sheriff or his designee.

I freely and voluntarily agree to abide by this contract and understand my responsibilities. SIGNED: _____ DATE: _____

OFFICE USE ONLY Reviewed by command staff; APPROVED or DENIED (CIRCLE ONE) SIGNED: _____ DATE: _____ ASSIGNED DEPUTY: _____ _____ _____
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Revised 07-18-17