



# CHATHAM COUNTY POLICE DEPARTMENT

Chief Jeffrey M. Hadley

## REQUEST TO HIRE A POLICE OFFICER (EXTRA-DUTY)

<b>Business Name:</b>		<b>Contact Person:</b>					
<b>Address:</b>			<b>Phone:</b>				
<p>As a secondary employer of an off duty/ secondary outside employment Chatham County Police Department officer / employee, I understand that the employment of an officer/employee in no way grants immunity from prosecution under Federal or State law or County ordinance pertaining to proper conduct of my business. I understand the responsibility of all officers is the enforcement of the laws of the State of Georgia and the United States. I understand an officer can enforce the law or prevent a breach of peace, but this authority does not extend to the enforcement of rules made by the management that would be in violation of any Federal or State law or County ordinance. As an employer, I understand that I can be held responsible for any injury to an officer/employee that may arise out of or in the course of their employment with my company. I understand that such protection from liability for such and injury can be covered by my State Workers Compensation Insurance carrier. Such responsibility shall be solely mine and not Chatham County's unless the officer's action is such that they are performing official law enforcement duties.</p> <p>I further understand that permission granted officers/employees to work for my establishment is temporary and revocable at any time by the order of the Chatham County Police Department.</p>							
<b>Initial</b>	I have received and read a copy of SCMPD GO# ADM-015 and the current SCMPD special order regarding extra duty rates of pay.						
<b>Initial</b>	I understand that I must report all monies disbursed to the officer on one of the following:			<input type="checkbox"/>	<b>W-2</b>	<input type="checkbox"/>	<b>1099</b>
<b>INDEMNIFYING AGREEMENT AND WORKER'S COMPENSATION COVERAGE FOR SECONDARY EMPLOYMENT</b>							
<p>For and in consideration of permission being granted, the undersigned agrees to indemnify and hold harmless the Chief of Police, the Chatham County Chairman and Commissioners, it's agents, servants and employees from any and all claims arising from the off duty/outside employment of any employee by the undersigned.</p> <p>The undersigned will meet the requirements of State law concerning State Workers Compensation which covers any employee during their employment by the undersigned. The undersigned agrees to provide access to all information concerning Workers Compensation Insurance to the Chief of the Chatham County Police Department, Chatham County Police Department, or a designee.</p>							
<b>Print Name – Owner, CEO or Manager:</b>				<b>Signature – Owner, CEO or Manager:</b>			
<b>Insurance Company's Name (Worker's Compensation):</b>				<b>Policy Number:</b>			
<b>Complete Address of Insurance:</b>				<b>Name and Phone # of Insurance Agent – Or Attach a letter from Agent:</b>			

**Do Not Write in the Space Below (Official Use Only)**

<b>Date Submitted:</b>	<b>Approved</b> <input type="checkbox"/> <b>Denied</b> <input type="checkbox"/>	<b>Date Approved/Denied:</b>	<b>Approved/Denied By (Special Events Coordinator):</b>
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