



COLLIN COUNTY SHERIFF'S OFFICE OUTSIDE EMPLOYER REQUEST (OFF-DUTY DEPUTY REQUEST FORM)

Name / Type of Event: _____ Type of Duty: ☐ Traffic ☐ Security
Event Location: _____ # of Deputies Requested: _____
Event Date(s): _____ Will alcohol be served: ☐ Yes ☐ No
Event Times(s): _____ Is the work to be performed in CCSO uniform? ☐ Yes ☐ No
Time Deputies are Requested: _____ Estimated size of crowd expected: _____
Other specific details of employment:

Phone: _____ Employer Name: _____

Initial beside each of the following guidelines acknowledging these standards for off-duty deputy sheriff employment:

- ____ I agree to pay the amount of \$60 per hour (4-hour minimum) to each individual deputy hired for the job of security.
- ____ I agree to pay the amount of \$65 per hour (4-hour minimum) to each individual deputy hired for the job of directing traffic/traffic control.
- ____ I understand that an additional deputy is required per 100 patrons, or more or less, as determined by the Sheriff's Office.
- ____ I understand that only law enforcement-related duties will be performed, and NO "house rules" can be enforced (Only Peace Officer duties).
- ____ I agree that off-duty deputies work under the authority of the Collin County Sheriff's Office and its supervisors. I understand that in a case of extreme emergency, deputies may be called away from the assignment. I agree to contact the coordinator listed below prior to the event to confirm deputies have been assigned. I agree to contact the off-duty employment coordinator (listed below) within 24 hours prior to the date of the assignment in the event of cancellation.
- ____ I understand that failure to cancel prior to 24 hours before the event will constitute a final agreement to compensate the off-duty deputy(s).
- ____ I understand and agreed that liability coverage is the responsibility of the secondary employer up to the point that a deputy sheriff engages in the enforcement of a county ordinance or state law. The secondary employer agrees to protect, defend, indemnify, and hold harmless the Collin County Sheriff's Office from any third-party claims, liability, losses, or cause of action that may arise from any actions or omissions of the deputy sheriff while acting solely in their capacity as an employee of the secondary employer.

The above information is true and correct to the best of my knowledge.

Employer Signature: _____ Date: _____

Return this form to: Collin County Sheriff's Office, Attn: Sergeant Nathan Holton (Coordinator)
4300 Community Ave. McKinney, TX 75071 or e-mail to nholton@collincountytx.gov

Department Approval:

Sheriff/Designee: _____ ☐ Approved ☐ Denied Date: _____

Remarks: