

**POLICE
SERVICES**

EXTRA DUTY REQUEST FORM

User Information

Requesting
User

Last

First

Business
Name

Address

Street Address

Apartment/Unit #

City

Prov

Postal Code

Phone:

) Alternate Phone:

E-mail Address:

This is a new User: Yes No

Operations Manual Part A Chapter 11 reviewed with User: Yes No

User understands costs and invoicing procedures: Yes No

User understands cancellation requirements and costs if under 36 hrs notice: Yes. No

Extra Duty Information

Date Requested: _____ Time Requested: From _____ To _____ Total Hours: _____

Location: _____

Nature of Event/ Reason for Extra Duty Officer(s): _____

Expected Attendance: _____

Will Event be Licensed under PEILCC: Yes No

Has PEILCC been contacted: Yes No

Number & Responsibilities of other personnel at event: _____

Submitting Sergeant

Submitting Sergeants Comments: _____

Submitting Sergeant

Date

CHARLOTTETOWN.
POLICE
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Executive Review

Request: Approved Denied

Number of Officers to be assigned: _____

Supervisor Required: Yes No Supervisory Rank Required: _____

Time & Date of Duty Commencement: _____

Reviewers Comments: _____

Anticipated Cost to User: _____

Approving Authority

Date

User Follow-up

User Contacted Advised Request Was: Approved Denied

User advised of number of officers required: Yes No

User advised of anticipated cost: Yes No

User has been made aware and understand that members attending an extra duty event will not perform duties that are not related to the maintenance of security at the event; e.g., collecting tickets/money, serving liquor etc.
Yes No

User is understands that invoicing will occur if event is cancelled with less than 36 hrs notice: Yes No

Sergeant- _____

-Date _____

Extra Duty Assignment

Member(s) Assigned: _____

Sergeant _____

Date _____

Charlottetown Police Services

SERVICES**Extra Duty Terms of Agreement**

1. At conclusion of the event and upon receipt of an invoice, payment shall be made in full to the Charlottetown Police Services.
2. Rates of pay are for a minimum of four hours subject to approved personnel and supervisory needs: (revised Jan 01, 2020)

| | |
|------------|-----------------------------|
| Constable: | minimum four hours – 303.24 |
| Corporal: | minimum four hours – 319.02 |
| Sergeant: | minimum four hours – 334.74 |

Unless ratios require the assignment of a supervisor, all personnel assigned shall be paid at the Constable rate provided above. Supervisory ratios:

- Where five officers are assigned, at least one shall be the rank of Cpl;
 - For every eight officers assigned, at least one shall be the rank of Sgt.
3. Officers are not to work more than 12 hours in an extra duty situation, which will require additional bookings if this maximum time period is to be exceeded.
 4. Where the approved event extends beyond the original time period, the full hourly rate will apply for each additional or partial hour to each of the participating officers assigned.
 5. It is understood that users are responsible and will be invoiced for all fees/costs associated to the duty in the event that cancellation occurs within thirty-six (36) hours of the duty start time.
 6. It is fully understand that police officer(s) attending an extra duty have the right and responsibility to initiate actions to ensure the safety and security of the event and surrounding area. It is further understood that our failure to support such policing functions and actions may result in the immediate or permanent withdrawal of the services of extra duty members.
 7. An extra duty may be cancelled by the duty supervisor in charge where conditions are such that it would be unsafe or hazardous to continue.
 8. The Charlottetown Police Service reserves the right to cancel an extra duty at any time, at its sole discretion. However, when exercising this authority the Police Service will attempt to provide the requesting user with as much notice as possible.

I have read the terms of this agreement. I have signing authority for the company/business/organization and accept the terms of the agreement, including the number of officers and associated cost/payment requirements.

Signature of Representative: _____ Date: _____

PRINT Name of Representative: _____

Reviewing Police Authority: _____ Date: _____
(Signature, Rank & Badge No.)