



SAVANNAH POLICE

To Serve, Protect and Build Trust

SavannahPD.org 

REQUEST TO HIRE A POLICE OFFICER (EXTRA-DUTY)

Business Name:	Contact Person:
Address:	Phone:

As an employer of an “extra-duty” Savannah Police officer(s), I understand that the employment of an officer(s) in no way grants immunity from prosecution under Federal, State, or Municipal law pertaining to the proper conduct of my business. I understand that the responsibility of all officers is the enforcement of the ordinances and laws of the City of Savannah, County of Chatham, the State of Georgia, and the United States of America. I understand that officers 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 Municipal ordinance. I understand that, as an employer, I can be held responsible for any injury to an officer, which may arise out of, or in the course of their employment with my company. I understand that such protection from liability for such an injury can be covered by my State Workmen’s Compensation Insurance Carrier. Such responsibility shall be solely mine and not the City of Savannah’s or the County of Chatham’s unless the officer’s action is such that they are performing official police duties (as described in GO # ADM-015).

I further understand that the permission granted officers to work for my establishment is **TEMPORARY AND REVOCABLE** at any time by the order of the Savannah Police Department.

Initial	I have received and read a copy of SPD GO# ADM-015 and the current SPD special order regarding extra duty rates of pay.										
Initial	I understand that I must report all monies disbursed to the officer on one of the following: <input type="checkbox"/> W-2 <input type="checkbox"/> 1099										
Initial	I understand and agree to the City of Savannah’s Cost Recovery fees.										
Initial	If this is a Courtesy Officer Position what type of Compensation will be received by the requesting officer? <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center; border-bottom: 1px solid black;">Discounted Rent</td> <td style="text-align:center; border-bottom: 1px solid black;">Free Services</td> <td style="text-align:center; border-bottom: 1px solid black;">Both</td> <td style="text-align:center; border-bottom: 1px solid black;">Approved/Denied By:</td> <td style="text-align:center; border-bottom: 1px solid black;">Date:</td> </tr> <tr> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="width:20%;"></td> <td style="width:20%;"></td> </tr> </table>	Discounted Rent	Free Services	Both	Approved/Denied By:	Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Discounted Rent	Free Services	Both	Approved/Denied By:	Date:							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									

INDEMNIFYING AGREEMENT AND WORKER’S COMPENSATION COVERAGE FOR SECONDARY EMPLOYMENT

For and in consideration of permission being granted, the undersigned agrees to indemnify and hold harmless the Mayor and Aldermen of the City of Savannah, the Chatham County Chairman and Commissioners, the Savannah Police Department, its agents, servants and employees from any and all claims arising out of the extra-duty employment of officers by the undersigned.

The undersigned will meet the requirements of State Law, concerning State Workman’s Compensation, which covers **any officers** during the time of their employment by the undersigned and agrees to provide access to all information concerning Worker’s Compensation Insurance Coverage to the Chief of the Savannah Police Department or designee.

Print Name – Owner, CEO or Manager:	Signature – Owner, CEO or Manager:
Insurance Company’s Name (Worker’s Compensation):	Policy Number:
Complete Address of Insurance:	Name and Phone # of Insurance Agent – Or Attach a letter from Agent:
Officer’s Name/Payroll Number:	Officer’s Signature: Date:

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

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