MAPLE SHADE POLICE DEPARTMENT EXTRA-DUTY EMPLOYMENT REQUEST FORM

Date:	Name/Title:			
Company Address:				
Phone # (Office):	A A Shi P	Phone # (Cell):		
Job Description/Location to be perform	rmed:	DHAUL		
Meeting Location (Prior to Job):			7	
Number of Officers Requested:	Total Hours of Work:	Start time:	Estimated End Time:	
Date(s) Officers Requested:	Additional Dates:			
Emergency Contact Person:		E <mark>mergency</mark> Contact I	Emergency Contact Phone #:	
* You agree and acknowledge that by sig insured and that certificate must be sup			Township of Maple Shade" as an additional work with our officers can begin.*	
Signature of Company Representative:		<u> </u>	Date:	
Signature of Chief:			Date:	
	Approved:	Not Approved:		
Any request for extra-duty employment n	nust be a minimum of 4 hours, per Mu	nicipal Code 36-5E(1)		

Failure of your organization to notify this agency 2 hours prior to the start of any job that it has been canceled will result in your organization being billed for 2 hours per assigned officer at the contracted rate, per Municipal Code 36-5E(2)

Any road work related job request must have a traffic control plan that is compliant with the MUTCD that is provided to police along with the extra-duty employment request form, per Municipal Code 36-5K(3), A, B, C, D, &E.

Rev: 2/4/21