

Extra Duty / Secondary Employment

**Florham Park Police Department
Extra-Duty Employment Request Form**

Person/Company Making Request: _____

Billing Address: _____

Contact Person (Name): _____

Contact Person Office Phone #: _____ Cell Number # _____

Contact Person Fax #: _____ Contact Person Email: _____

Start Date for Service: _____ End Date for Service: _____

Start Time for Service: _____ End Time for Service: _____

Description of Service Requested:

I, _____ have been provided a copy of the Borough of Florham Park Ordinance Governing the terms and rates for the hiring of an extra-duty Florham Park Police Officer. I understand all traffic control plans must meet the MUTCD (Manual on Uniform Traffic Control Devices) which dictates use of proper advanced warning signs, cone/drum and spacing for them, tapers, buffer zones, work zones, and all other traffic control in a work zone. I agree to meet all terms of said ordinance and understand I am subject to criminal and/or civil penalties for non-compliance of same.

Authorized Signature

Request Reviewed By: _____ Date: _____

Approved: _____ Disapproved: _____

NOTE: Failure to remit payment for services rendered upon billing notice may result in prosecution for theft of services under N.J.S.A. 2C:20-8