



MEDLEY POLICE DEPARTMENT

Jeanette Said Jinete
Chief of Police

Request for Extra Duty

Name of Person Requesting: _____
Print Name Signature

Name of Business/Company: _____

Address: _____

Phone # _____ Fax # _____

Job Location: _____

Dates: _____ Times: _____

Amount of Officers Needed: _____

W-2 Required: _____

Person Responsible for Payment: _____

**** PAYMENT DUE WITHIN FOURTEEN (14) DAYS OF INVOICE****

DEPARTMENT USE ONLY:

Rate of Pay:
Four (4) hours minimum required.

Approved by: _____

Extra Duty Coordinator Signature: _____

Lt. Signature: _____

Chief Signature: _____