



SECONDARY EMPLOYER AGREEMENT FOR SECURITY RELATED WORK

| |
|---------------------|
| MSB USE ONLY |
| _____ |
| Application Date |
| _____ |
| Approval Date |
| _____ |
| Expiration Date |

Employee's Name (Last, First, MI)

Secondary Employer (Corporate/Company Name)

Corporate/Company Address

It is agreed that the following stipulations will apply to all off-duty employment of Montgomery County Department of Police employees in watchman-security guard capacities.

1. The employee will be paid by check showing proper deduction of Social Security.
2. The employee will be covered by Workman's Compensation Insurance provided by the secondary employer.
3. The secondary employer hereby expressly agrees to maintain a comprehensive general public liability insurance policy in minimum amounts of \$500,000, which policy will cover the above named employee against any and all claims and/or liability resulting from such employment. (Not required for non-regular, occasional, or sporadic employment for a private individual.)
4. The secondary employer will further save harmless Montgomery County from any and all claim or liability resulting from such employment.
5. The secondary employer will make no attempts to exert any influence regarding a police decision involving whether an arrest should be made.
6. All formal charges for trespassing will be initiated only by the secondary employer or his designee, which designee will not include the employee.
7. It is further understood that this agreement shall be in force for a period of one calendar year from approval date and a resubmission of a new agreement shall be executed for reconsideration.
8. The secondary employer will pay officers to appear in court on their day off or during non-regularly scheduled working hours for civil incidents arising from off-duty employment activity.
9. If uniformed secondary employment work requires the simultaneous presence of six or more officers at the secondary employment site at one time, the secondary employer shall agree to hire an additional person whose full time position is that of a Montgomery County Police sergeant. The sergeant shall be responsible for supervising the employees at the secondary employment site consistent with the policies and procedures of the department. If no sergeant can be hired, an additional officer shall be hired and the most senior of the officers shall be responsible for supervising the employees at the secondary employment site.

Signature of Secondary Employer's Agent Date Time Name of Secondary Employee's Agent (Print)

Signature of Employee Date Name of Secondary Employer (Print)

Notes:

1. This form is referred to as the MCP 305 in Article 27, FOP Collective Bargaining Agreement.
2. Prepare original only and forward it with the MCP 307 to the Assistant Chief, MSB.
3. A copy of this form without original signatures will not be accepted.
4. The agent for the secondary employer signing this form must be the same person identified in Section II of the related MCP 307.



Department of Police
Montgomery County, Maryland

MCP 307
Rev. 09/02

SECONDARY EMPLOYMENT REQUEST

Check One:

- Non-Security Request Complete I, II, III, V
- Security Request* Complete I, II, III, V
- Cancellation of Previously Approved Employment Complete IV Only

*Security Requests Check One: New Request Renewal

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SECTION I EMPLOYEE

Employee's Name (Last, First, MI) _____ Rank _____ Date of Request _____

Duty Assignment _____ Home Phone (Optional) _____ Work Phone _____ Shift _____

SECTION II EMPLOYER

Corporate/Company Name _____

Corporate/Company Address _____

Name of Agent for Employer, if any _____

SECTION III EMPLOYMENT

Starting Date _____ Duration _____ Work Location _____

Is employment security related? Yes No If yes, MCP 309 must be submitted with this form.

Position Title _____ Duties to be Performed – Describe in Detail _____

Signature of Employee _____

FOP Bargaining Unit members will comply with Article 27 of the Collective Bargaining Agreement. Non-bargaining unit employees will comply with Function Code 355.

SECTION IV CANCELLATION

Cancel my secondary employment approval for:

Employer/Company Name _____ Date of Current Approval _____ Expiration Date _____

Employee Name _____ Employee Signature _____ Date _____

Function Code: 355
CALEA: 22.3.4.e
Proponent Unit: MSB

OVER

SECTION V REQUIREMENTS

Employee's Last Name: _____

1. _____
Describe briefly your current police duties performed

2. Is the employer, owner, manager, or immediate supervisor a Montgomery County Police Department employee?

Yes No

If yes, is there currently any type of supervisory relationship between you and the prospective employer?

Yes No If yes, describe: _____

3. What will be the approximate number of hours worked per week?

4. Will a PPV be driven to and from the job location? Yes No

5. Will a PPV be parked at the job location? Yes No

6. Will a handgun be required to be worn during the secondary job? Yes No

Will you wear one? Yes No

7. Will the employee be required to wear the Montgomery County Police Uniform? Yes No

If no, will you wear it? Yes No

8. If the uniform is NOT required, will the employee be required to wear other authorized equipment as identified in Article 27, Section G, of the Fraternal Order of Police Collective Bargaining Agreement? Yes No

If no, will you wear this equipment? Yes No

9. Will your position require you to handle or dispense alcoholic beverage? Yes No

10. Is any specific license, permit, or registration required for you to engage in the proposed secondary employment?

Yes No If yes, what license? _____

Who is the issuing authority? _____

11. Is any specific license, permit, or registration required for your employer to engage in his business?

Yes No If yes, what license? _____
(i.e., liquor license, private detective license)

Who is the issuing authority? _____

12. Does the employer engage in the security guard, private investigator, or private detective business?

Yes No

SECTION VI APPROVALS/RECOMMENDATION

District Commander/Deputy District Commander/ Unit Commander's Signature Date

Indefinite 12 Months _____ Days

Chief of Police or Designee Date

Employee: Forward original (both sides) to your district/unit commander.
Commander: Forward original via interoffice mail to the Chief, MSB.

MSB USE ONLY

This request is authorized for an indefinite period.
 This request is authorized for 12 months.
 This request is authorized for _____ days. (short term, temporary)
 This request is denied because: