

**RICHLAND COUNTY SHERIFF'S DEPARTMENT
5623 TWO NOTCH ROAD
COLUMBIA, SOUTH CAROLINA 29223
(803) 576-3000**

SPECIAL DUTY REQUEST FORM

I, _____, request the services of a Richland County
(Individual/Business)

Sheriff Deputy to perform law enforcement duties at _____
(Location for Assignment)

for the time period of _____
(Date(s) / Hours)

I understand when performing Special Duty Assignments, deputies are subject to all policies and procedures of the Richland County Sheriff's Department, and will act only under the Sheriff's authority to enforce all applicable State and local laws.

I understand that deputies are subject to calls in the immediate area of the Special Duty location, and will respond to any situation deemed necessary by the Sheriff's Department, deputies, or dispatch.

I understand this request for services is with the Richland County Sheriff's Department, which will assign deputies to perform Special Duty Assignments. **Payment for services is Thirty and 00/100 (\$35.00) dollars per hour for each assigned deputy. Twenty-five (\$25.00) Dollars per hour is for services of the deputy, and Five (\$10.00) Dollars per hour is for Administrative expenses.** The Sheriff's Department will coordinate payment for services to the deputies. There is a three (3) hour minimum on working special duty and **no cash** payments are allowed. Check(s) are to be made payable to the Richland County Sheriff's Department.

This form must be signed and completed, and returned to the Special Duty Coordinator who will forward to the Sheriff for final approval.

Invoices should be made to _____ and mailed to
(Person Responsible for Payment)

(Address)

THE SHERIFF HAS THE AUTHORITY TO DISCONTINUE PROVIDING SPECIAL DUTY ASSIGNMENTS AT HIS DISCRETION.

APPROVED
LEON LOTT, SHERIFF

DATE

CONTACT NUMBERS OF REQUESTOR

NUMBER OF DEPUTIES REQUESTED _____

SIGNATURE OF REQUESTOR

DATE

PRINT NAME OF ASSIGNED DEPUTY

CONTACT NUMBER

SIGNATURE OF DEPUTY'S SUPERVISOR

DATE