



SHERIFF KALVIN D. BARRETT
DANE COUNTY SHERIFF'S OFFICE
CHRISTOPHER J. NYGAARD, Chief Deputy
(608) 284-6167



MATTHEW L. KARLS
Captain, Administrative Services
(608) 284-6175

DAVID R. DOHNAL
Captain, Support Services
(608) 284-6186

JANICE L. TETZLAFF
Captain, Security Services
(608) 284-6165

KERRY W. PORTER
Captain, Field Services
(608) 284-6870

**DANE COUNTY SHERIFF'S OFFICE APPLICATION AND AGREEMENT TO HIRE
SUPPLEMENTAL EMPLOYMENT DEPUTIES**

USER TO COMPLETE

Name of Hiring Organization ("User"): _____

Contact Name: _____ Phone # _____

Billing Address: _____ E-mail: _____

City / State / Zip-Code: _____

Date of Event: _____ Event Start Time: _____ Event End Time: _____

Address of Event: _____ Name of Event: _____

Anticipated Crowd Size: _____

Will this be a single event or a reoccurring / ongoing assignment? ____ single event ____ ongoing assignment

Total Number of Deputies Requested / Needed: _____ (Note: For deputy and public safety, a minimum number of deputies may be required for an event. The Sheriff's Office reserves the right to mandate additional deputies based on its assessment of the event.)

Duties to be performed: Security ☐ Fixed Post ☐ Traffic Detail ☐

Describe the nature of the event. (i.e. parade, carnival, concert, etc.) _____

USER AGREEMENT

All Applications are subject to the approval of the Chief Deputy, or his designee. No job may begin until the Application and User Agreement have been completed, signed, and returned to:

Amanda Zilli
Supplemental Duty & Training Coordinator
Dane County Sheriffs Office
115 W. Doty St.
Madison, WI 53703

Amanda Zilli can be contacted at (608) 284-2168 or by email at zilli.amanda@danesheriff.com
Lt. Scott Lehmann can also be contacted for questions at (608) 284-6934 or by email at Lehmann@danesheriff.com

NOTE: A complete copy of the application/agreement, including proof of insurance, is due a minimum of (10) business days prior to an event.

PERSONNEL COSTS: The User will pay Dane County the sum of **\$67.59** per deputy per hour worked, with a minimum payment of three (3) hours per deputy. If the request is canceled less than 24 hours prior to the scheduled start time of the event, the User is responsible for the three hour per deputy minimum payment.

Any request involving five (5) or more deputies requires the assignment of one (1) Supplemental Employment deputy of supervisory rank. One supervisor shall be required for each group of five deputies. The supervisor rate of pay is **\$84.48** per supervisor per hour.

Dane County shall invoice the User for all services provided pursuant to this agreement. Payment shall be made within 30 days of the date of the invoice. Dane County reserves the right to refuse to provide Supplemental Employment deputies pursuant to this agreement if the User has a past-due account balance.

SQUAD COSTS: If the Supplemental Employment assignment requires the use of a squad car, the User shall pay the rate of **\$4.23** per hour per vehicle. The User should request a squad if it will be needed. Supplemental Employment assignments for which squad cars may be required include but are not limited to: parades, runs/walks, traffic control, and other large outdoor events. When a squad car is required, the deputy will be paid travel time to and from the Sheriff's Office facility storing the vehicle and the event site.

STAFFING: The Dane County Sheriff's Office makes no guarantee that a sufficient number of deputies will be available to work a Supplemental Employment event. Deputy participation in the Supplemental Employment program is voluntary. If an insufficient number of deputies are available to work the event, the Sheriff's Office will give notice to the User as soon as practicable.

If an insufficient number of deputies are available to work the Supplemental Employment event, and the Sheriff's Office deems that deputy coverage provides a legitimate public safety service, the User will have the option to pay the deputies' (and supervisors as required) overtime wage (time and one half).

The Sheriff may, at his discretion, cancel any or all Supplemental Employment at any time due to a public safety emergency or other unforeseen circumstances.

INSURANCE: The User shall be required to have Commercial General Liability Insurance covering the User as insured, *and naming Dane County as an additional insured*, with no less than the following limits of liability: bodily injury, death and property damage of \$2,000,000 for each claim and \$3,000,000 in the aggregate. This policy shall also be endorsed for contractual liability in the same account.

When submitting the application, please provide proof of the required insurance (Certificate of Liability Insurance).

INDEMNIFICATION AGREEMENT: The User shall indemnify, defend and hold harmless Dane County, the Dane County Sheriff's Office, its deputies, employees and agents from and against any and all claims, losses, liabilities, damages, demands and actions, including payment of reasonable attorney fees, arising out of or resulting from the performance of the services provided pursuant to this User Agreement.

NOTICE TO USER

Supplemental Employment deputies remain under the exclusive control of the Sheriff and are at all times subject to the policies, rules and regulations governing employees of the Sheriff's Office. Deputies will only be permitted to perform law enforcement-related functions. A User has no authority over Sheriff's Office personnel and is restricted to providing only a general assignment of tasks to be performed by the deputy. Rules which may be established by the User shall never supercede or conflict with Sheriff's Office policy and procedure. Any conflicting rules set by Users of Supplemental Employment deputies will be disregarded. Deputies shall refuse to perform any duties deemed to be in conflict with the guidelines, policies or procedures established by the Sheriff's Office.

I swear and affirm that the information provided is a complete and accurate reflection of the event for which I am requesting Supplemental Employment deputies. I understand that failure to provide complete and accurate information is grounds for immediate termination of the assignment or the event.

SIGNATURE OF REQUESTOR _____ DATE _____

REQUESTOR NAME (PRINT) _____

By my signature, I certify that I am authorized to execute this agreement on behalf of the User.

Following review of the Application and Agreement, the Supplemental Employment Coordinator will contact you regarding the status of your request.

If this request is for a reoccurring / ongoing assignment, you may be asked to provide a listing of your requested shifts. A detailed schedule, or monthly calendar, can be provided following the approval process.

SHERIFF'S OFFICE USE ONLY	
APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>
Notes: _____ _____ _____ _____ _____ _____ _____ _____	