Town of Palm Beach Fire Rescue
Fire Prevention & Life Safety Division

355 South County Rd.
Palm Beach, FL 33480
Phone (561) 227-6440 **Fax** (561) 838-5427

SPECIAL ASSIGNMENT OVERTIME AGREEMENT

The Palm Beach Fire Rescue Department provides fire and emergency medical services at the request of private persons or organizations within the Town of Palm Beach. Such services are paid for by the private party and must be in the best interest of the Town. Acceptance of the request for Special Assignment Overtime (SAO) will be at the discretion of the Fire Marshal.

The following conditions apply to the hiring of Special Assignment Overtime. Please read and sign where indicated to acknowledge your acceptance of these conditions.

- The charge for SAO is paid at a rate of $80.00 per hour for "regular days" and $110 per hour for "premium days". All SAO will be assigned/charged for a minimum period of 3 hours. SAO details will be scheduled to begin on the hour or half hour. There will be an additional charge of $100 for any requests made with less than 48 hours notice to cover administrative costs.
- Premium days are as follows: New Year's Eve/Day, Super Bowl Sunday(when event is specifically related to the Super Bowl), Independence Day, Halloween, Thanksgiving Day and the day after, Christmas Eve/Day.
- Invoices are issued on a monthly basis and are due upon receipt.
- SAO details canceled with less than 48 hours notice prior to the beginning of the detail shall be charged 2 hours for each firefighter assigned.
- SAO details canceled after the beginning of the detail will be charged for the original scheduled hours for the day of cancellation. In cases involving 24 hour a day details, the remaining shift at cancellation and one subsequent shift will be charged in full. Forty eight hour cancellation charges will apply to the remainder of the detail days.
- SAO details must be requested with no less than 5 days notice in advance of the detail. Any requests received with less than 5 days notice will only be filled subject to the availability of a firefighter (every effort will be made to accommodate the request).
- In the event a firefighter is not available, the requesting party will be advised of that fact within 24 hours of the request.

Please complete the below information regarding your detail:

Location: _____ Date: _____

Time: _____ Number of Firefighters requested: _____

Event contact/phone: _____ On site contact/phone: _____

Name of Event: _____ Firefighter attire ☐ formal ☐ uniform

Billing Information: _____

I have read the above SAO Agreement and understand the charges and restrictions that are involved. The details of the request above are correct. I accept responsibility for all charges incurred.

_____ _____ _____

Name (Printed) Signature Date

THIS AGREEMENT MUST BE SIGNED AND FAXED TO (561) 838-5408 BEFORE ANY FIREFIGHTERS WILL BE ASSIGNED.