OFF-DUTY SECURITY EMPLOYMENT FORM--REDESIGNED

The application form for Off-Duty Security Employment has been redesigned. Please note that this version of the form replaces the previous version. As you know, this form must be used by "peace officer" employees who are requesting approval to work off-duty in a security-related position for an employer other than the Unified Court System.

Please be reminded:

Peace officers assigned to CSEA's bargaining Unit

All approvals to work off-duty security employment expire on April 30. Renewal applications must be submitted to the OCA Administrative Director by April 1of each year.

Peace officers assigned to NYC, 9th and 10th Judicial Districts

All approvals to work off-duty security employment expire on December 31. Renewal applications must be submitted to the OCA Administrative Director by October 1 of each year.

The newly designed form is available on the court system's intranet. To access the form go to: OCA>Human Resources>Peace Officers>Off-Duty Employment Forms & Policies.



APPLICATION FOR OFF-DUTY SECURITY EMPLOYMENT

PEACE OFFICER TITLES - ONLY

| New Application | Renewal |
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SUBMIT COMPLETED FORM TO: OFFICE OF COURT ADMINISTRATION

DIVISION OF HUMAN RESOURCES 25 Beaver Street, Room 1056, New York, NY 10004 Fax (212) 295-4876 Phone (646)386-3400

| Last Name: | | | | First Na | me: | | | | | | | | | |
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| Contact Phone Number | (Cell or Home) | | | | | | | | | | | | | |
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| Present Assignment: | (UCS Assignment: 0 | Court/ Judic | rial District) | | | | | Tit | tle: _ | | | | | |
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| | (UCS Assignment: N | Mailing Add | fress) | | | | | FIIOI | ie | | | | | |
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| Outside Employment:(Name of Firm or Person) | | | | | | | Title of Position: | | | | | | | |
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| | (Employer's Addre | ess) (| Street) | (0 | ity) | | | (Cour | nty) | | (State) | (Zip | Code) | |
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| | Describe Type of B | usiness (F | Provide NYS Lie | cense # if | Guard | Service | e) | | | | | | | |
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| Exact Location(s) of I | Employment: | | | | | | | | | | | | | |
| <u>Exact</u> Location(s) of t | (Name | and Addre | ss of Company | or Individ | ual to | be Gua | rded) |) | | MIN JOHN | | | | |
| Describe Specific Du | ıties and Responsibil | ities: | | | | | | | | | | | | |
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| Employee's Signature | e: | | | | | D | ate: | | | | | | | |
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