Ontario Provincial Police

Orillia Detachment
Détachement de Orillia
Telephone/Téléphone: 705-326-3536

File number:/Référence: GOV-CSC-4250

Rates Effective January 1, 2022

PAID DUTY REQUEST FORM

PO Number #: 1M-2023-

Company Information

Name of Company: _____
Contact Person: _____
Address: _____
City, Prov: _____ **Postal Code:** _____
Telephone #: _____ **Fax #:** _____
Company E-mail of Contact Person: _____

CRA Business Number _____ (mandatory for businesses/agencies)
Or
Individual Date Info. (DOB + SIN# + DL#) _____ (mandatory for individuals)

Billing Information (if different from Company Information)

Name of Company: _____
Contact Person: _____
Address: _____
City, Prov: _____ **Postal Code:** _____
Telephone #: _____ **Fax #:** _____
Company E-mail of Contact Person: _____

Journal Coding String (if within OPS only):

Bal	Program	Bus Unit	Cost Centre	Account

Event Information

Event Date: _____ **Start Time:** _____ **End Time:** _____

☐ **Escort** ☐ **Interview**
☐ **Traffic Control**
☐ **Other:** _____

Instructions: (Start / Event Location, Route, Destination, Contact #s, etc)

# of Members Required	# of hrs each (4 hr min)	Type ***(DOUBLE CLICK BOX TO FILL IN)***	Amount / Hr / Member	Sub Total	HST 13% *(Note 1)*	Total
		PDO - Officer (Cst/Sgt/SSgt)	$76.61			
# of Vehicles	**# of hrs each**	**Amount / Hr / Vehicle**				
		$25.00				
		Administration fee $60.62 per contract		$60.62	$7.88	**$68.50**
		Accommdation (if applicable) Approx. Cost				
		Meals (if applicable)				
		Invoice amount may change based on actual service provided & expenses incurred		**$60.62**	**$7.88**	**$68.50**

Note 1 *- HST of 13% should be charged to all customers with the exception of Municipalities and School Boards who are HST exempt.*

DO NOT PAY from this contract– An Invoice from Ontario Shared Services will be issued unless prepayment is required (see page 2 – additional signatures required).

I have read, understood and agree to the current OPP Paid Duty Policy - Requester Agreement on page 2, and am requesting this Paid Duty.

Name (printed) _____ Signature of Requester _____ Date (DD-MMM-YY) _____

POLICE USE ONLY

Paid Duty: ☐ **Approved** *(Client A/R must be in good standing. See A/R Report online.)
☐ **Denied (Reason):** _____

___ Requested Hours at time of Contract
___ Actual Hours Worked at Event

Authorized by: _____ (Name (printed)) _____ (Signature) _____ (Badge #/WIN) _____ (Date (DD-MMM-YY))

* Client A/R in good standing
Arrears < 90 days: Yes / No
Prepayment Required Y / N

OPP Paid Duty Policy – Requester Agreement

THE COMPANY, REPRESENTATIVE, and/or INDIVIDUAL REQUESTER *("referred to as "Requester")*
AGREE TO AND UNDERSTAND THE FOLLOWING GENERAL TERMS AND CONDITIONS:

1. A paid duty shall not conflict with an OPP responsibility and will only be accepted if operationally viable.
2. A paid duty shall not be awarded to a customer with an account balance in arrears >90 days (residual interest charges r applicable).
3. The number of paid duty hours per Member will be **a minimum of 4 hours** at the noted Paid Duty hourly rate plus HST applicable.
4. The cost per police vehicle is $25.00 per hour, plus applicable HST (no minimum).
5. An administrative fee of $60.62 plus applicable HST will be charged for each paid duty contract.
6. If the paid duty is cancelled by the requester with less than 24 hours' notice, the Requester is responsible for payment o the minimum 4 hours rate of pay **for each assigned Member and the administrative fee, plus applicable HST**. Whe cancelling a Paid Duty event, the requester shall notify detachment Paid Duty Coordinator or designate during normal business hours Monday to Friday between 8:30am to 4:00pm. If during non-business hours, contact the detachment Or Duty Sergeant at 1-888-310-1122. Voice mail / email not acceptable forms of cancellation.
7. In the event that the OPP cancels a paid duty with less than 24 hours' notice due to operational requirements, no fees s be charged to the Requester. The OPP will make a reasonable effort to provide notice of cancellation to the Requester.
8. Requester is responsible and will be invoiced for meals and accommodation for those officers providing the service, as required for out-of-town paid duties.
9. Hours will be calculated and billed based on a round trip for both officer and vehicles.
10. If there is a discrepancy between estimated and actual hours, billing will be based on actual hours worked.
11. A signed **"Paid Duty Request Form" shall be completed for all Paid Duties**.

PAYMENT INSTRUCTIONS

1. **The detachment commander or, where applicable, the regional commander may make prepayment a condition approving a paid duty. Complete Prepayment Section below if applicable.**
2. Amounts owing for paid duty assignments including administrative fees, officers' time, vehicle fee, meals and accommodation will be invoiced from Ontario Shared Services (OSS). The invoice will be sent to the Requester's billing address and payable within thirty (30) days of the invoice date. Late payments will result in interest charges and may restrict the availability of officers to work future paid duties.
3. Instructions are to be followed on the invoice with payment submitted to the OSS, Sudbury office.
4. Payment of all fees and applicable HST shall be made **payable to Minister of Finance.**
5. HST shall not be charged to municipalities or ministries within the provincial government.
6. If a paid duty request is from within the provincial government, billing will be via journal ADI (not invoiced through OSS v ARIR).

PRE-PAYMENT INSTRUCTIONS

1. Payment is based on the estimate of services as outlined on Page 1 of this Agreement. Prepayment is to be received at detachment a minimum 24 hours prior to the event (Money Order payable to Minister of Finance or Cash only).
2. After service has been completed, detachment will complete a full reconciliation of costs to determine overpayment /underpayment. If the customer has overpaid, the OPP will reimburse within 30 days of reconciliation. If the OPP servic greater than prepayment, the customer will be notified of the balance owing in cash or money order (if customer does nc pay, no further paid duties will be awarded.)

I have read, understood and agree to the pre-payment requirements as above

Name (printed)	Signature of Requester	Date (DD-MMM-YY)