

City of New Orleans – Office of Police Secondary Employment Secondary Employment Agreement and Authorization Form

NOPD employees seeking secondary employment through the Office of Secondary Employment (OPSE) must provide the following administrative data as a condition of eligibility. Information will be used and maintained solely by authorized staff to schedule, manage, and process payments for work performed. All applicable information must be truthfully and accurately provided before the applicant will be added to the roster of employees eligible for secondary employment. Omissions, falsification, or inaccuracies are grounds for removal from the eligible employee roster and/or initiation of NOPD disciplinary actions.

Personal Information					
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Last Name: _____ **First Name:** _____ **MI:**__ **Suffix:**____ **User ID:** _____
Rank: _____ **Employee ID:** _____ **Sex:** ___ **Birth Month:**_____
 Active NOPD Officer **Civilian NOPD Employee** **Reserve**

	Preferred		Preferred
Contact Information			

Work Landline Phone:	<input type="checkbox"/>	Home Landline Phone:	<input type="checkbox"/>
Work Email:	<input type="checkbox"/>	Personal Email:	<input type="checkbox"/>
Work Mobile:	<input type="checkbox"/>	Personal Mobile:	<input type="checkbox"/>
		Personal Mobile Carrier:	

Work Information

Division / District of Assignment:
Supervisor:

Current Regular Work Schedule

<input type="checkbox"/> 1ST Watch	<input type="checkbox"/> 2nd Watch	<input type="checkbox"/> 3rd Watch
<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>
<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
<u>Saturday</u>		
Start:	_____	_____
End:	_____	_____

Additional Description of Schedule: AWP DAYS SUBJECT TO CONSTANT CHANGE

Does employee have an assigned NOPD "take home" Vehicle? No YES Vehicle# B Marked Unmarked

Certification(s):

<input type="checkbox"/> Academy Graduation Date:	<input type="checkbox"/> Motorcycle Exp. Date:	<input type="checkbox"/> P.O.S.T. Date:
<input type="checkbox"/> Scooter Exp. Date:	<input type="checkbox"/> Mounted Div. Exp. Date:	<input type="checkbox"/> K-9 Exp. Date:
<input type="checkbox"/> EOD/Bomb Date:		

Preference(s):

No Preference

Language(s):

City of New Orleans – Office of Police Secondary Employment

Secondary Employment Agreement and Authorization Form

I recognized and accept that permission to work secondary employment is a privilege being provided to me as a member in good standing of the New Orleans Police Department and that while representing this agency and the City of New Orleans, I am expected to perform in accordance with all NOPD regulations and policies and to the high professional standards set by the New Orleans Police Department. This privilege is subject to revocation by OPSE based on, but not limited to, the following causes: failure to follow established procedures; repeated tardiness; repeated missing of assigned shifts, whether excused or unexcused; receipt of customer complaints; or poor performance, whether while on duty or during off-duty secondary employment, as communicated to the Office of Professional Standard and Accountability Bureau by my immediate supervisor, district or division Commander, Deputy Superintendent, or the Superintendent of Police.

I acknowledge that I am not allowed to work more than a total of 16 hours 35 minutes combined of primary, overtime, secondary, or outside work in any 24 hour period of time, and no more than 24 hour combined of secondary employment per calendar week without approval of the Superintendent of Police, and that I will actively monitor my hours and comply with this departmental policy.

As a commissioned officer, I have completed my FTO certification and have achieved civil service permanent Police Officer I status (i.e., not on probation). If I have completed my FTO certification but have not yet achieved permanent Police Officer I status, I understand that I am required to have a supervisor in the rank of sergeant or above with me at all times during my secondary employment work.

I shall not engage in secondary employment while in any of the following duty statuses: sick, injured on—duty, worker’s compensation, maternity family leave, leave without pay, suspended or under administrative reassignment with a restricted police commission. I further understand that I must return to full duty status and have completed one full shift of duty prior to working a secondary shift.

I acknowledge that the New Orleans Police Department strictly prohibits its members from participating in secondary employment opportunities with the following businesses: alcoholic beverage outlets (ABO), private investigations, sexually oriented businesses, or pawn shops. Furthermore, members are prohibited from employment requiring that the employee act as a civil process server or security for chauffeur services except where chauffeur services to public officials, executives, or celebrities is secondary to a primary purpose of security. Notwithstanding the foregoing prohibition, motorcycle escorts for chauffeur services and limousines are permitted. Additionally, NOPD employees are prohibited from representing anyone before any court or agency of the City, with or without compensation, on a matter in which the City is a party or has a substantial interest; serving as an expert witness in his or her private capacity in any civil or criminal proceeding in which the City is a party or has a substantial interest; working secondary employment during court hours while the employee is under a conflicting subpoena; disclosing confidential information acquired in an official capacity to any secondary employer; using on-duty time to conduct investigations or take other law enforcement action on behalf of a secondary employer where there would be an actual conflict of interest or appearance of a conflict of interest; knowingly participating in, or soliciting the creation of, any corporation, company, trust, fund, or cooperative banking account for the purpose of billing, receiving compensation, or coordinating services of secondary employment; and accepting an assignment that will interrupt or occur during the employees assigned on-duty NOPD shift.

I acknowledge that the New Orleans Police Department strictly prohibits its members from participating in the solicitation, coercion, or individual or cooperative coordination or brokering of paid detail opportunities. Any attempt to circumvent or actual circumvention of the secondary employment policy or the secondary employment system as set forth and managed by the Office of Police Secondary Employment shall subject officers to discipline as warranted, up to and including dismissal.

I acknowledge that NOPD employees working secondary employment, their friends, or relatives shall not be permitted to receive any compensation, either payment or in—kind, including bonuses or gifts, unless such compensation, bonus, or gift is provided through and documented by the Office of Secondary Employment and is in accordance with the Louisiana Code of Government Ethics for public servants. Nominal compensation in the form of food or beverages is permitted in accordance with the Louisiana Code of Government Ethics for public servants. I further agree to abide by the Code of Ethics for the City of New Orleans.

You agree to allow OPSE to send notifications about Special Events to your mobile device via GroupMe app. You are agreeing to accept all charges resulting from the transmission of notifications to your phone. You are agreeing to use GroupMe for the purposes of receiving notifications ONLY relating to available police details through the OPSE Notification group message profile.

[Verify that you agree to opt-in to text notifications](#)

I have read and understand the OPSE’s “Policies and Procedures for Customers and Officers”.

All the information submitted herein is true and correct to the best of my knowledge, and it is my responsibility to keep it updated.

CHAIN OF COMMAND

NOPD Employee:	Lieutenant	Date:	
Immediate Supervisor:	Captain	Date:	Approved / Disapproved
Division or District Commander:	Captain	Date:	Approved / Disapproved
Superintendent of Police:	Shaun D. Ferguson	Date:	Approved / Disapproved
Compliance Section/Initial:		Date:	