

San Francisco Fire Department

Division of Fire Prevention
& Investigation



To: **Fire Marshal, San Francisco Fire Department**
Subject: **Overtime Request Agreement Form**

49 So. Van Ness Ave. Suite 560
San Francisco, CA 94103
PHONE: (628) 652-3260

I hereby request the services of the San Francisco Fire Department and agree to the following terms: 2022 San Francisco Fire Code Sections : 104.7 - Liability; 1.1.2.1 - Promotion of General Welfare; 105.1 - General; 108.1 - Inspection Authority (**FIVE DAY ADVANCE NOTICE REQUESTED**); 105.1.1 - Permits Required; Table 107.A – Operational Permit Fee; 107.2 – Operational Permit Filing Fees; 102.9 Matters Not Provided For; 3107.17 Standby Personnel (**FIVE DAY ADVANCE NOTICE REQUIRED**); 107.10 – Overtime Fee (**PAYMENT SHALL BE IN ADVANCE**); 104.7.1 – Legal Defense. The San Francisco Fire Department will make every effort to comply in good faith with this contract but shall be free from liability for acts performed under any of its provisions or by reason of any act or omission in the performance of official duties in connection therewith. **This agreement form is a request only and the SFFD cannot guarantee the availability of department personnel to work all overtime requests. If we are unable to staff your request, you will be notified at least 24-hours in advance.**

Please Print the Following Information

| | | | | |
|-----------------|------------------|------------|-------|----------------|
| Contact Person: | Last Name | First Name | Title | Business Phone |
| | | | | |
| | Business Name | | | Fax Phone |
| | | | | |
| | Business Address | Suite | | Job Phone |
| | | | | |
| City | State | Zip Code | | Email |
| | | | | |

CANCELLATION OF REQUEST MUST BE MADE A MINIMUM OF 24 HOURS IN ADVANCE. IF LESS THAN 24 HOURS, A 4-HOUR MINIMUM FEE (\$656.00) MAY BE FORFEITED. GENERALLY, BEFORE AND AFTER HOURS OVERTIME CAN BE SCHEDULED NO LATER THAN 6:00 A.M. AND NO EARLIER THAN 6:00 P.M. (EXCEPT ON WEEKENDS AND HOLIDAYS).

| | | |
|--|--------------------------------|------------------------------------|
| Day | Event Date | Event Address |
| Start Time (USE MILITARY TIME) | End Time | # of Hours (Hourly Rate: \$164.00) |
| Check one: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | (Minimum: 4 hours or \$656.00) | |

Signature: _____ Date: _____

FIRE DEPARTMENT USE ONLY

| | | |
|---|------------------------|--------------------|
| Check one: <input type="checkbox"/> L/S <input type="checkbox"/> P/A <input type="checkbox"/> Plan Check <input type="checkbox"/> Street Fair <input type="checkbox"/> Pyro <input type="checkbox"/> City Paid (OT) <input type="checkbox"/> Other _____ | Check / CC Ref. Number | Received by / Date |
| | SFFD Receipt Number | Amount Paid |

ASSIGNED PERSONNEL:

1. _____ 2. _____
3. _____ 4. _____

HRMS: _____
Time Roll: _____
Date: _____

First Advertised Date: _____ AM _____ PM _____ First Notified Date: _____ AM _____ PM _____