



OCEAN CITY BEACH PATROL

END OF SEASON and EXTENDED EMPLOYMENT AGREEMENT



NAME (Print) _____ CREW _____

PLEASE PROVIDE THE FOLLOWING INFORMATION

- ☐ I AM WILLING TO WORK FULL-TIME (except for regularly scheduled days off) UNTIL THE FINAL DAY OF BEACH PATROL FOR THE 2014 SEASON (Sunday, September 21, 2014).

I am **requesting permission to be considered** to continue my employment with the Ocean City Beach Patrol past Monday, September 1, 2014 (Labor Day) and understand that my evaluations and employment record will be used to determine if I will be granted permission to continue employment. If selected I will work on the days that I have indicated below. I understand that this is for the remainder of the Summer of 2014 season. I am aware that this is an extension of my current position with the Ocean City Beach Patrol and therefore will be compensated at my current rate. Additionally, I appreciate that the Beach Patrol takes into account where I would like to be placed when I work, but understand that I will be placed where needed which may include being moved during the course of a day. Furthermore, I realize that it is my responsibility to provide a schedule indicating my availability for work and have done so by circling the dates below. I also understand that should I need to change the schedule that I have provided, I must complete a "Special Request Day Off" form and forward it to Lt. Stone **at least two full weeks** prior to the requested days off.

_____ Initials

(Please ✓ one box) I will be working Sunday, September 21, 2014

☐ YES or ☐ NO

(Please ✓ one box) I am interested in working after September 21, 2014

☐ YES or ☐ NO

(Please ✓ one box) I am interested in working Full-time until October 13, 2014

☐ YES or ☐ NO

- ☐ I WILL WORK FULL-TIME (except for regularly scheduled days off) UNTIL MY FINAL DAY OF BEACH PATROL FOR THE 2014 SEASON WHICH IS _____, _____, _____ 2014.

DAY OF WEEK MONTH DATE

NOTE: If concluding employment prior to September 21, 2014, you are required to submit official documentation.

I have provided official documentation of my **last day of full-time employment**.

☐ YES ☐ NO

WAS THIS DATE INDICATED ON THE CONTRACT YOU SIGNED WITH THE BEACH PATROL? ☐ YES ☐ NO IF NOT, PLEASE EXPLAIN
This date should not vary from the date you indicated when you completed your employment agreement. If it does it may affect your eligibility for employment or promotions in the future (Full Documentation Required)

DATE and TIME WHEN TURNING IN EQUIPMENT ____/____/2014 ____:____ DATE WHEN LEAVING OCEAN CITY ____/____/2014

IS YOUR EXITING RELATED TO SCHOOL? ☐ YES ☐ NO NAME OF SCHOOL: _____

WILL YOU BE RETURNING FOR OCBP WORK ANYTIME BEFORE September 21, 2014?

(Please ✓ one box)

☐ YES - PLEASE LEAVE ME ON THE PAYROLL (Indicate dates available in box below)

☐ NO - PLEASE REMOVE ME FROM THE PAYROLL (I am choosing **not** to work anymore this season)

WORKING LABOR DAY WEEKEND? ☐ YES ☐ NO Please ✓ ALL DAYS ☐ FRIDAY ☐ SATURDAY ☐ SUNDAY ☐ MONDAY

DO YOUR CURRENT PLANS INCLUDE RETURNING TO THE BEACH PATROL FOR THE SUMMER OF 2015? ☐ YES ☐ NO
(BREAKING YOUR CONTRACT MAY JEOPARDIZE THOSE PLANS)

- ☐ I WILL BE AVAILABLE TO WORK ON THE FOLLOWING DATES AFTER I COMPLETE MY FULL-TIME COMMITMENT, UNTIL THE FINAL DAY OF BEACH PATROL FOR THE SEASON (Sunday, September 21, 2014).

CIRCLE ALL DAYS THAT YOU WILL BE AVAILABLE TO WORK

July							August							September							October						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
6	7	8	9	10	11	12	3	4	5	6	7	8	7	8	9	10	11	12	13	5	6	7	8	9	10	11	
13	14	15	16	17	18	19	10	11	12	13	14	15	14	15	16	17	18	19	20	12	13	14	15	16	17	18	
20	21	22	23	24	25	26	17	18	19	20	21	22	21	22	23	24	25	26	27	19	20	21	22	23	24	25	
27	28	29	30	31			24	25	26	27	28	29	28	29	30				26	27	28	29	30	31			
							31																				

I understand that the above represents a written agreement between me and the Ocean City Beach Patrol. My failure to fulfill any conditions of the above agreement may result in jeopardizing any future employment with the Town of Ocean City or the Ocean City Beach Patrol.

_____/_____/2014
Signature of Surf Rescue Technician Date

CREW CHIEF _____ DATE ____/____/2014 SERGEANT _____ DATE ____/____/2014 LIEUTENANT _____ DATE ____/____/2014

LAST DAY OF WORK AS INDICATED ON CONTRACT ____/____/2014 DOCUMENTATION OF FINAL DAY PROVIDED YES NO