OCEAN CITY BEACH PATROL

Incentive Compensation Application

Name: _____

I am voluntarily agreeing to participate in the "Incentive Compensation Plan" of the Town of Ocean City's Beach Patrol Division. As a participant in this plan, I understand that the Incentive Compensation Plan is in addition to the hourly compensation that I receive as a condition of regular employment. Furthermore, I understand that if I do not fulfill this agreement as stated that I would receive no portion of an incentive.

I am planning to work on _____,_____ which will be my last day of full time
Day of Week Date

seasonal employment (full time = available for scheduling any 6 out of 7 days).

I am leaving Ocean City on _____,_____ and will travel to _____
Day of Week Date Destination

I have a commitment to be at _____
Location

By _____ a.m./p.m. on _____, _____.
Time Day of Week Date

According to the map provided, is your destination within 200 miles of Ocean City? YES NO

If this agreement has you leaving full time seasonal employment before Labor Day Monday, will you be working weekends? YES NO

If you are leaving Ocean City before Sunday, September 24, 2006:

Who is your commitment with :

Institution/Employer_____ Contact Person _____

Address _____ Contact's Title _____

Town, State Zip _____ Contact Number _____

DO NOT MARK IN THIS AREA

_____ "Notification of Last Day of Full-Time Work"
Date received at OCBP Headquarters ____/____/_____
____ More than 2 weeks notice ____ Less than 2 weeks notice
_____ Official documentation (from institution or employer) and verification of reason for leaving.
Date received at OCBP Headquarters ____/____/_____

Original Date on Employment Agreement ____/____/_____

Having affixed my signature to this document I am entering into an agreement with the Ocean City Beach Patrol which stipulates that I have given the Beach Patrol the greatest number of days possible for this season.

Employee Signature _____ Date _____

Approval of agreement _____ Title _____ Date _____

Not Approved for the following reason: _____
_____
_____

A copy of this form will be returned to you after being received and signed by an authorized officer. If you do not receive a copy in a few days it is your responsibility to contact the Beach patrol office to check that we have it on file. If you do not receive an incentive and you do not have a copy of this form, NO incentive will be processed on your behalf.