



Prisoner Guard Paid Duty Request

Date (YYYY-MM-DD):

Requestor's Name (Given Name Surname):
 Institution Name:
 Institution Address:
 Phone #: Ext.: Alt.:

Accounts Payable Contact (Given Name Surname):
 Phone #: Ext.: Alt.:
 Email:

Date(s) Required

	Date (YYYY-MM-DD)	Time (HH:MM (24 Hour))	Number of Officers/PEOs
Coverage Start			2
Coverage End			

Prisoner Information

Name (Given Name Surname):
 Date of Birth (YYYY-MM-DD):
 Hospital:
 Current Location Within the Hospital:
 Next Court Date (YYYY-MM-DD):
 Special Instructions:
 Cautions:

By completing and submitting this request you agree to the [Paid Duty Request Terms of Agreement](#).

CANCELLATION POLICY

A 3-hour minimum fee per officer, plus administration fees, will be charged for paid duties cancelled less than 24 hours before the start time of the duty. The Central Paid Duty office hours are Monday to Friday from 8am to 4pm (except statutory holidays). If you need to cancel a paid duty outside our normal business hours, you must call 905-453-3311 and ask the Switchboard Operator to transfer you to the on-duty Staff Sergeant at the division where your paid duty is located.