

**FLORIDA DEPARTMENT OF CORRECTIONS
STAFF HOUSING AGREEMENT**

Name: _____ People First ID#: _____

Job Title: _____ DC Employment Date: _____

Present Address: _____ Phone #: _____

Family Members: If additional space is needed, please attach an 8.5" X 11" paper with the following information.

Name	Age	Sex	Relationship
1.			
2.			
3.			
4.			
5.			
6.			

Staff Housing Requested: Please mark one. If housing is a personally owned mobile home and mobile home space is marked, provide employee or occupant's registration/title information. If housing is a departmental mobile home, apartment, or home, indicate the number of bedrooms.

Office Quarters Room Duplex Mobile Home Space **Registration/Title #:** _____

Mobile Home Apartment Home **Number of Bedrooms:** _____

I. AGREEMENT BY EMPLOYEE

- A. I acknowledge receiving and agree to comply with Department rules titled "Staff Housing," Rules 33-602.800 through 33-602.809, Florida Administrative Code (F.A.C.).
- B. I understand, acknowledge, and agree to comply with the limitations regarding the number and type of firearms that can be stored at this housing assignment. I further acknowledge and agree that all weapons will be stored safely and securely in accordance with section 790.174(1), Florida Statutes (F.S.). I further acknowledge and understand that violation of section 790.174(1), F.S., may result in disciplinary action being taken against me.
- C. I agree to comply with Chapter 790, F.S.
- D. I understand and acknowledge it is unlawful to store or leave a firearm in any place within the reach or easy access of a person under 18 years of age or to knowingly sell or otherwise transfer ownership or possession of a firearm to a minor or a person of unsound mind.
- E. I understand that staff housing is provided to enhance institutional security and critical operations by having key Department employees and Correctional Officers available during their non-duty hours for immediate response in emergencies.
- F. I agree to immediately report for duty in any type of emergency when requested by the Warden or her/his representative. I understand that failure to respond in an emergency may result in revocation of my assignment to staff housing.
- G. I agree to update this form if any changes occur regarding my housing assignments, including members of my family or approved residents. I also agree to complete Form DC6-2082C when I terminate this housing agreement.

_____ Signature of Employee

_____ Date Signed

II. ACTION BY WARDEN:

Approved: () Yes () No Move in date: _____

Housing Type & Number Assigned: _____ Institution Name: _____

_____ Print Name of Warden

_____ Signature of Warden

_____ Date Signed

III. ACTION BY SERVICING PERSONNEL OFFICE:

Biweekly Payroll Deductions at Fixed Rate: \$ _____ Rent (Code: _____) \$ _____ Utilities (Code: _____)

_____ Signature of Servicing Personnel Representative _____ Title _____ Date Processed