

HOPKINS COUNTY JAIL  
EMPLOYER WORK RELEASE VERIFICATION AND RULES

COMPLETE THE FOLLOWING INFORMATION. THE JAIL STAFF SHALL VERIFY THE INFORMATION SUPPLIED.

INMATE NAME: \_\_\_\_\_ BUSINESS NAME: \_\_\_\_\_

BUSINESS LOCATION: \_\_\_\_\_ BUSINESS TELEPHONE: \_\_\_\_\_

INMATE JOB TITLE: \_\_\_\_\_ INMATE JOB SITE LOCATION: \_\_\_\_\_

INMATE JOB DESCRIPTION: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_ SUPERVISOR'S EMERGENCY CONTACT NUMBER: \_\_\_\_\_

WORK DAYS AND HOURS: \_\_\_\_\_

OPEN MAJOR HOLIDAYS: YES / NO (CIRCLE ONE)

PAY SCHEDULE: WEEKLY / EVERY 2 WEEKS / OTHER (PLEASE CIRCLE ONE)

IF OTHER SPECIFY: \_\_\_\_\_

INMATE RULES

1. THE JAIL STAFF DEPENDING ON THE LOCATION OF THE INMATE'S HOME AND JOB LOCATIONS WILL ASSIGN INMATE TRAVEL TIME TO AND FROM WORK.
2. WHILE AT WORK THE INMATE MAY FOLLOW THE NORMAL ROUTINE SUCH AS GOING TO MEALS OFF THE WORK SITE. THE INMATE MAY NOT GO INTO PLACES THAT SERVE ALCOHOL.
3. THE INMATE MAY GO TO THEIR RESIDENCE TO EAT MEALS AND CLEAN UP BEFORE AND AFTER WORK.
4. INMATE SHALL NOT BE GRANTED EXTRA TIME TO REPORT TO THEIR RESIDENCE.
5. EMPLOYER DOES NOT HAVE THE AUTHORITY TO ALLOW THE INMATE TIME OFF TO TAKE CARE OF PERSONAL BUSINESS. THE ONLY EXCEPTION WOULD BE TO SEEK MEDICAL ATTENTION. THE INMATE SHALL BE RESPONSIBLE FOR HIS OR HER OWN MEDICAL BILLS AND THE INMATE SHALL BRING IN A DOCTOR'S EXCUSE THAT INDICATES THE TIME ARRIVING AND DEPARTING THE DOCTOR'S OFFICE.
6. THE INMATE SHALL NOT USE DRUGS OR ALCOHOL WHILE ON WORK RELEASE. THE INMATE SHALL SUBMIT TO DRUG AND ALCOHOL TESTING THROUGH THE JAIL. FAILURE TO SUBMIT WILL RESULT IN AUTOMATIC TERMINATION OF WORK RELEASE.
7. IT IS THE INMATE'S RESPONSIBILITY TO PROVIDE HIS OR HER OWN MEANS OF TRANSPORTATION TO AND FROM WORK.
8. IF THE INMATE IS EXCUSED FROM WORK EARLY OR FIRED, THE EMPLOYER MUST NOTIFY THE JAIL IMMEDIATELY.
9. THE INMATE SHALL PAY WORK RELEASE FEES AS SCHEDULED BY THE JAIL, DEPENDING ON THE PAY SCHEDULE. FAILURE TO PAY FEES WILL RESULT IN SUSPENSION OF WORK RELEASE PRIVILEGES.
10. INMATE VIOLATIONS OF THE RULES OR LAW WILL RESULT IN SUSPENSION OF THE INMATE'S WORK PRIVILEGES AND MAY RESULT IN CRIMINAL CHARGES.
11. DUE TO BEING GRANTED WORK RELEASE, THE INMATE WILL NOT RECEIVE ANY VISITS WHILE IN JAIL UNLESS GRANTED BY THE JAILER OR HIS REPRESENTATIVE.
12. THE INMATE WILL BE FITTED WITH AN ANKLE TRANSMITTER AND MUST CARRY A GPS TRACKING UNIT WHILE OUTSIDE THE JAIL.

EMPLOYER REQUIREMENTS

1. MUST SUBMIT A COPY OF YOUR VALID BUSINESS LICENSE.
2. MUST SUBMIT A COPY OF YOUR VALID DRIVERS LICENSE.
3. MUST AGREE TO ALLOW THE JAILER OR ANY STAFF MEMBER OF THE JAIL ACCESS TO THE WORK SITE WHEN CHECKING ON THE INMATE.
4. MUST NOTIFY THE JAIL OF ANY SCHEDULE CHANGES THAT MAY BE MADE. THE SCHEDULE MUST BE FROM THE EMPLOYER AND SHOULD NOT BE HANDWRITTEN BY THE INMATE.
5. MUST NOTIFY THE JAIL IF INMATE WORKS OVER THE PREAPPROVED SCHEDULE.
6. MUST CALL THE WORK RELEASE SUPERVISOR TO MAKE ARRANGEMENTS FOR THE INMATE TO WORK ON SCHEDULED DAYS OFF. (IF ALLOWED BY THE COURTS) CALLS SHOULD BE MADE MONDAY THRU FRIDAY BETWEEN 6:00 AM AND 2:00 PM. NO NOTES WILL BE ACCEPTED FROM THE INMATE.
7. MUST NOTIFY THE JAIL IF THE INMATE DOES NOT REPORT TO WORK OR IS EXTREMELY LATE.
8. MUST REPORT ANY INCIDENT INVOLVING THE INMATE IMMEDIATELY TO THE JAIL.

I HAVE READ AND UNDERSTAND THE RULES OF THE HOPKINS CO. JAIL WORK RELEASE PROGRAM. I UNDERSTAND THAT MY ONLY OBLIGATION IS TO REPORT ALL SUCH INCIDENTS TO THE JAIL.

EMPLOYER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WORK RELEASE OFFICER: \_\_\_\_\_ DATE: \_\_\_\_\_