Scott County Jail

EMPLOYER INFORMATION

NAME OF INMATE:_____

NAME OF COMPANY/EMPLOYER:_____

BUSINESS ADDRESS:_____CITY:_____

SUPERVISOR'S NAME:_____PHONE #:_____

EMPLOYMENT START DATE:_____HOURLY WAGE/SALARY:_____

PAYDAYS: (Please circle one)   Weekly   Biweekly   Monthly   Other (Specify)_____

REGULAR WORD DAYS: (Please Circle)   Mon   Tues   Wed   Thur   Fri   Sat   Sun

REGULAR WORK HOURS: Start time:_____   End time: _____

COMMENTS:_____

_____

I understand that this employee will be participating in the Scott County Jail Work Release Program. Although it is the employee's responsibility to insure that he/she abides by the rules of Community Release, I understand that I have a responsibility, as the employer, to notify the Scott County Jail immediately if this employee does not report to work as scheduled, leaves the worksite, or has visitors coming to the worksite. I understand that this individual is authorized to be released from the Scott County Jail to go directly to his/her place of work and return directly to the jail upon completing work. Any change in job site or leaving the place of employment during the course of normal work duties must be reported to the Jail Staff prior to leaving. I also understand that it is the individual's responsibility, not the employers, to notify Jail Staff. I agree to cooperate with the Scott County Jail and its staff by allowing verification of work attendance with job checks by phone or on site. I also understand that the employee must submit weekly verification of work to the Jail Staff and that, as his/her employer I am responsible to sign his/her verification daily. I am aware that, should this employee break any of the Community Release and/or Jail rules will be sanctioned, which could include suspension of his/her work privileges. I am also aware that travel outside the State of Minnesota is not allowed without a District Court Judge's authorization. I certify that I have read the Community Release Rules provided to me and that I have a full understanding of the expectations of the Community Release Program.

Supervisor's Signature:_____Date:_____