

Whitley County Community Corrections Residential Work Release Program Work Agreement

**Please complete and return to the
Work Release Facility via fax or mail.**

Contact Information:

Phone: 260-244-2313

Fax: 260-244-2318

**Mail: Whitley County Community Corrections/Residential Work Release
351 West Plaza Drive
Columbia City, IN 46726**

Whitley County Work Release Program Policies Are As Follows:

1. All wages earned by a participant in a Community Corrections Program shall be paid to the participant. No loans or advance payments may be given to the participant.
2. A participant must receive wages commensurate with those received by comparable workers.
3. Paystub's documenting pay period, hours worked and rate of pay must be issued to the participant.
4. While employed, the Participant shall be covered by the employer's insurance and/or Workman's Compensation Insurance as required by law.
5. Participants' job sites must be within 30 miles of the Work Release Facility.
6. Participants are required to report to and stay at ONE location per shift unless approved in advance by the screening committee. Those approved to move locations must provide Community Corrections Staff with the location of all job sites prior to signing out of the facility.
7. The schedule outlined by the employer on the Employer Agreement will be the participants approved work schedule. Any need for the Participant to work outside of those hours will be considered overtime. All overtime must be pre-approved by assigned work release staff.

What Whitley County Work Release Staff will request from you, the employer:

1. Furnish pay stubs that include pay period dates, hours worked and pay rate.
2. Provide work performance information upon request.
3. Notify WCWR Staff of all positive alcohol and drug tests.
4. Notify WCWR Staff immediately of any absences, tardiness.
5. Notify WCWR of disciplinary action including terminations.
6. Allow WCWR Staff the ability to verify attendance via phone and on site checks.
7. Notify WCWR Staff if a participant leaves the worksite without WCWR Staff approval.

**I, _____, understand that _____
is currently supervised by the Whitley County Work Release Program and that he/she must comply with the rules and regulations of the program. I have received a copy of the Employer's Work Agreement that outlines policies and expectations of Participants and employers.**

Signature:

Title:

Date:

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*****MUST BE COMPLETED BY EMPLOYER*****

Participant Name: (please print)							
Company Name: (if working through an employment agency note actual work site company name)							
Actual Work Site Address:							
City:			State:			Zip:	
Direct Supervisor:						Phone:	
After Hours Contact:						Phone:	
Start Date:			Part-Time: Number of hours:		Full-Time: Number of hours:		
Schedule:							
Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time:							
End Time							
First Pay Date:		Pay Rate:		Pay Frequency:(Weekly/Bi-Weekly)		Pay Day: (M,T,W,TH,F,S,SU)	
Breaks: (Paid/Unpaid)		How long:		If scheduled, what time(s):		Breakroom Available: (Yes/No)	
If employment is through an employment agency please note agency name and contact number:							
Agency Name:				Phone:			
Community Corrections Staff Use Only:							
Date of phone verification:				Date of on-site check:		Travel Time:	
Date Received		Scanned / Date		Employment Coord. / Date		Case Manager / Date	

7-9-2020