

WORK RELEASE PROGRAM RULES

INMATE _____ WORK LOCATION _____

SUPERVISOR _____ WORK PHONE# _____

ACTUAL SHIFT HOURS _____ TO _____

IMPORTANT. READ THIS.

THIS PROGRAM IS A PRIVILEGE ALLOWED BY THE COURT. THE PROGRAM CAN BE TERMINATED AT ANYTIME IF YOU VIOLATE ANY RULES OR LAWS. YOUR SCHEDULE MUST BE APPROVED BEFORE STARTING WORK. ANY CHANGE IN THE SCHEDULE, ONCE APPROVED MUST BE REAPPROVED. YOU WILL BE REQUIRED TO PROVIDE PAYSTUBS OR TIME CARDS VERIFYING HOURS WORKED. YOU WILL BE ALLOWED UP TO A 6 DAY WORK WEEK, BUT YOU MUST SPEND AT LEAST ONE FULL 24 HOUR DAY IN JAIL. A MINIMUM OF 12 HOURS PER DAY MUST BE SPENT IN JAIL. YOU MUST PAY ONE WEEK IN ADVANCE AT THE RATE OF \$15.00 PER DAY IN ORDER FOR YOU TO PARTICIPATE IN THE PROGRAM. YOU ARE TO TRAVEL THE MOST DIRECT ROUTE TO AND FROM WORK. YOU ARE NOT ALLOWED TO BE ANYPLACE OTHER THAN JAIL OR WORK OR TRAVELING TO AND FROM. ANY OTHER STOPS MUST BE PRE-APPROVED BY THE CORRECTIONAL OFFICERS. IF BEING PICKED UP FOR WORK, YOU MUST REMAIN INFRONT OF THE SHERIFF'S DEPARTMENT. THIS PROGRAM IS FOR YOU TO MAINTAIN EMPLOYMENT WHILE IN JAIL. IF YOU DO NOT HAVE A JOB BEFORE INCARCERATION, YOU WILL NOT BE ELIGIBLE FOR THIS PROGRAM.

WORK RELEASE IS LIMITED TO THE COUNTY OF HURON.

MAY BE REQUIRED TO PASS A DRUG TEST BEFORE BEING ALLOWED WORK RELEASE

- **YOU ARE NOT TO POSSESS OR CONSUME ANY ALCOHOL OR DRUGS OTHER THAN THOSE PRESCRIBED BY A PHYSICIAN AND WITHOUT KNOWLEDGE WHILE ON THE PROGRAM.**
- **YOU ARE NOT TO BRING ANYTHING INTO THE JAIL UNLESS APPROVED BY CORRECTIONAL STAFF INCLUDING BUT NOT LIMITED TO THE FOLLOWING, CELLPHONES, SMARTWATCHES, TABACCO OR TABACCO ALTERNATIVES. IF BROUGHT IN, ITEMS CAN BE CONFISCATED UNTILL OUTDATE.**
- **YOU WILL BE SEARCHED. EXPECT TO BE CHARGED IF YOU VIOLATE THE LAW.**
- **WORK LOCATION AND SCHEDULE WILL BE VERIFIED BEFORE YOU ARE ALLOWED OUT**
- **NO COMMUNICATION WITH OTHER INMATES WHILE OUT TO WORK.**
- **LOCK YOUR LOCKER. DO NOT LEAVE VALUABLES IN THE LOCKER. WE ARE NOT RESPONSIBLE FOR ITEMS LOST AND/ OR STOLEN. CLOSE DOORS BEHIND YOU. BE PROMPT. WHEN IN DOUBT ASK. GET PRIOR PERMISSION BEFORE YOU CHANGE ANYTHING.**

***FAILURE TO RETURN FROM WORK CONSTITUTES AN ESCAPE.**

***CAN BE REMOVED FOR ANY VIOLATION OF JAIL RULES.**

I AGREE TO FOLLOW THE RULES OF THE PROGRAM. I AGREE TO HOLD HARMLESS THE COUNTY OF HURON, THE HURON COUNTY SHERIFF'S DEPARTMENT, THE SHERIFF AND THE EMPLOYEES, FROM ANY LIABILITY, WHICH MIGHT ARISE FROM MY PARTICIPATION IN THIS PROGRAM. I FURTHER AGREE TO SUBMIT TO THE TESTING OF MY BLOOD, BREATH OR URINE AT ANYTIME DURING MY COMMITMENT, AND AGREE TO PAY FOR THE COST OF ANY TEST.

I HAVE READ THE ABOVE RULES AND UNDERSTAND THEM. I HAVE BEEN GIVEN THE OPORTUNITY TO ASK QUESTIONS. KNOWING ALL THIS, I WISH TO PARTICIPATE IN THIS WORK RELEASE PROGRAM.

INMATE _____ OFFICER _____ DATE _____