WASHINGTON COUNTY JAIL

Huber Law / Work Release Inmate Employment Schedule

Huber Phone #'s (262) 306-2262, (262) 335-4421 Huber Fax # (262) 306-2255

Inmate Name:				Male Huber Female Huber EM			
Contact # if other than supervisor:			Employer Info:				
#			Name:				
Schedule Type:				Street Address:			
Employment				City: Zip:			
Child Care (inmate schedule) Child Care (home caregiver)				Supervisor & Phone #			
School				Fax #			
SCHOOL				Nature of Work:			
				Work address (if different than above)			
Employment Information:			City:		Zip:	····	
Full-time	<u>ş</u>	# of hours					
Part-time			Rate	e of Pay:			
Self-Employed				Date:			
Schedule Week: Throug					(moi	nth/date/year)	
Printed name /	Contact # o	of person completing	schedule	·			
Signature of per	son comple	eting schedule:					
WORK SC	HEDULES N	MUST BE COMPLETED	BY AN A	UTHORIZED S	SUPERVISOR/EMPL	.OYER	
Work Hours S				neduled Departure from Jail Return to Jail			
DAY	DATE	Start Work (AM/PM)	End W	/ork (AM/PM)	Time (AM/PM)	Time (AM/PM)	
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
	<u> </u>	Mark If Pe	ermanen	t Schedule			
Method of Trans	portation:	Estimated	Time:	Transporta	tion Comments:		
Car		30					
Walk/Bike		60		-			
Bus/Taxi		00					
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- 1 Employers may be contacted by a staff member to verify work hours and wages.
- 2 Hours permitted to be released from the Huber Center will be determined by a staff member after considering the method of transportation, distance to travel and actual work hours.
- This form must be returned to the Huber Center, **NO LATER THAN 9 PM FRIDAY**, for the next week. Forms that are not received via fax from employers must be turned in with a letter from the employer verifying employment.