WORK RELEASE APPLICATION RULES

The following information must be returned to the McLeod County Jail Program Coordinator **in person** at least **SEVEN DAYS** before reporting to jail. **You must sign** a work release contract before entering the jail to qualify for work release.

A. Employer verification including:
   1. Hours and days you work
   2. Your supervisor's name and telephone number
   3. Signature of your immediate supervisor
   4. Your last pay check stub
   5. A time card within the last month

B. Completed Huber entrance forms including:
   1. Transportation information including copies of insurance policy card for vehicles. This Includes information from all persons who would be your drivers.
   2. Employment information.
   3. Appointment information.

C. Written treatment verification from your treatment center, if applies. This verification should be on the treatment center's letterhead and include hours and days you attend, counselor's name and phone number.

D. If self employed, you must provide a tax I.D. number and the previous years tax statement.

E. You are only allowed to work 55 hours per week not including travel time. Hours over 55 will require you to serve additional days in the McLeod County Jail.

NOTE: If you report to jail under the influence of an intoxicating substance and/or test positive for any controlled substance, you will lose work release, STS privileges, and good time.

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When you report to the McLeod County Jail, you must have:

1. WORK RELEASE FEES: The fee is $20.00 per day. You must pay the first seven days in advance, $140.00 cash or money order. Checks are not accepted.

2. URINALYSIS EXAMINATION FEE: A urinalysis fee of $25.00 is established upon your admission. Each work release inmate must provide a urine sample when initially entering this facility. No work release inmate will be allowed to work until providing a urine sample.

3. WORK CLOTHES: You will be provided with a locker to hold your personal clothing. Do not bring tools, tobacco products or paraphernalia, cell phones or weapons into the McLeod County Jail. Initial all clothing with permanent markers before entering the jail.

4. MANTOUX TEST: It is the McLeod County Jail's policy that all inmates who will be in this facility for 14 days or more will have a mantoux test. You may have the test given at a local health clinic, prior to reporting to jail, at your own expense. You must provide written mantoux test documentation to the jail at the time you report or you will be scheduled for a mantoux test with the jail nurse on the next sick call day.

5. JAIL BOOKING FEE: All sentenced inmates will be charged a $10.00 booking fee at the time of booking. Work release and electronic home monitoring inmates will not be allowed on these programs until the booking fee has been paid.

6. MEDICATIONS: If you are taking a capsule type medication, please try and have a Glencoe Pharmacy hold for you, and jail staff will pick up. If that is not possible jail staff will try and get a new prescription filled.

McLeod County Jail
Work Release Entrance Form

Name: _____
Address: _____
Home Phone #_____ Probation Officer _____
Sentencing County _____ Sentencing Judge _____
Offense _____ Sentence _____

EMPLOYMENT INFORMATION

Name of Employer _____
Employer's Address _____
Employer's Phone Number _____
Supervisor's Name _____
Directions to place of employment from the McLeod County Jail:

_____

_____

Days of work: M T W Th F Sa Sun
Shift begins: _____ AM PM Shift ends: _____ AM PM
Hourly wage: $_____ Pay schedule: Weekly Bi-weekly Monthly
Day you receive your check: _____

TRAVEL ARRANGEMENTS (All fields have to be completed)

Primary Driver
Name: _____
Address: _____
Phone Number: _____
DOB: _____
Make, Model and Car Color: _____
License Plate #: _____ Insurance ID#: _____
Insurance Company: _____ Agents Name: _____
Copy of Proof of Insurance

Secondary Driver
Name: _____
Address: _____
Phone Number: _____
DOB: _____ Class: _____
Make, Model and Car Color: _____
License Plate #: _____ Insurance ID#: _____
Insurance Company: _____ Agents Name: _____
Copy of Proof of Insurance

TREATMENT, MEDICAL, OR COURT APPOINTMENTS

Type of Appointment: _____

Date: _____ Time: _____ AM PM

Location of Appointment: _____

_____

Contact Person: _____ Telephone #: _____

Is this a scheduled weekly appointment? YES NO

All information provided is confidential and will be used for McLeod County Jail use only.
I hereby certify that the above statements are true to the best of my knowledge.

Signature: _____ Date: _____
Witness: _____ Date: _____

MCLEOD COUNTY JAIL

EMPLOYER WILLINGNESS TO PARTICIPATE

Name of Employee:_____

Name of company/employer:_____

Address of company:_____

_____

Name of Supervisor:_____ Title: _____

Phone: ( )_____ Hourly Wage:_____ How often paid:_____

Length of Employment:_____

Regular hours of work:_____

Regular days of work:_____

Job site where employee will be working:_____

_____

I understand that this individual will be participating in the McLeod County Work Release Program. He/She is authorized to go directly to his/her place of work and return directly to McLeod County Jail after completing work. If there is to be driving during the course of employment, any change in job site must be reported prior to the individual changing job sites. I so understand it is the responsibility of the individual not the employer to notify the program office. I agree to cooperate with the McLeod County Jail and its designee by allowing on-site work attendance verification which will be performed by a McLeod County Sheriff's employee. I also understand that the individual must turn in weekly time verification in the form of a time card which must be signed by his/her supervisor. Any changes to schedule must be turned in by Thursday.

_____ _____

Signature of supervisor/employer Date

Employer: If you have any questions or comments please contact the Jail Program Coordinator at: (320) 864-1347

WORK RELEASE INMATES

NAME _____ DATE _____

It is the policy of the McLeod County Jail that all inmates who will be in the facility for 14 days or more will have a mantoux test.

The McLeod County Public Health nurse is at the jail on Mondays and Thursdays at 9:00 AM to give the mantoux test. You are required to make arrangements to be back at the jail on the first Monday or Thursday (whichever is first) after you report.

You may have the mantoux test given at a local health clinic at your own expense prior to reporting for jail. You must provide proof of the test results from your clinic. If you fail to have the test given before entering the McLeod County Jail, you must have the test at this facility.

If you have any questions regarding this matter, you may request to see or call me.

Kim Neuman
Program Coordinator
McLeod County Jail
(320) 864-1347