

ALLEGAN COUNTY SHERIFF'S OFFICE/JAIL

WORK RELEASE PROGRAM

All applicants will be required to wear a GPS tether at all times while on work release. These tethers will be monitored daily for violations and to keep track of all workers. Violations of the tether program will cause you to be removed from work release.



ALLEGAN COUNTY SHERIFF'S OFFICE/JAIL **WORK RELEASE PROGRAM**

All applicants for work release must complete the attached forms. All of these forms must be completed and returned to the Work Release Supervisor. The sooner these forms are completed and returned the better chance you have to be at work on time.

The Sheriff/Jail Administrator has final approval of all work release applicants.

PROCEDURE FOR FILLING OUT THE FORMS:

1. RULES FOR WORK RELEASE; GUIDELINES FOR ENROLLEE IN WORK/EDUCATION – It is your responsibility to read these forms. You are responsible for the contents of these forms.
2. THE EMPLOYER AGREEMENT FORM – This form must be filled out completely by your employer.
3. WORK / EMPLOYMENT SITE – There is no distance parameters for the program.
4. ESCAPE FROM OFFICIAL DETENTION FORM – You must read, sign and date this form.
5. APPROVAL FOR WORK RELEASE FORM – You only need to sign your name in the lower left hand corner (above participant).
6. WORK RELEASE APPLICATION FORM – YOU MUST COMPLETELY FILL OUT AND SIGN THIS FORM.

When all forms are completed, return the folder to the Work Release Supervisor at least forty-eight (48) hours prior to reporting to jail.

If you wish to go to work the next day after reporting to jail on your commitment, you must set up in advance an interview with the Work Release Supervisor (bring your completed forms with you).

If you have any questions, call (269) 673-0500 ext. 4226 or 4483, Monday through Friday, between the hours of 8 a.m. – 4 p.m.

ALLEGAN COUNTY SHERIFF'S OFFICE/JAIL

GUIDELINES FOR ENROLLEES IN WORK/EDUCATION RELEASE

You may be selected for participation in the Work/Education Release Program. Acceptance into the program, and placement in a job, will result in a number of changes in your daily routine and will place new obligations on you for proper and responsible actions.

The Jail Administration reserves the right to terminate your program and return you to the jail at any time. Supervisory control is vested in the work release section for all aspects of your program while you are absent from the Allegan County Jail; Your Work Release Supervisor, or the Jail Administration, is the only person who can grant privileges or changes in your agreed upon program and work schedule.

Wages earned through your employment must be paid to you by check. Immediately upon your return to the jail, you must deliver your check stub to the Booking Officer on duty.

You will travel over a prescribed route, within a prescribed time period. Failure to report at the scheduled time, or failure to return to the Allegan County Jail at the scheduled time, will be considered an 'absent without leave', for which you may be disciplined or prosecuted.

The following agreement outlines conditions of your participation in this program:

You will be charged rent for room and board.

RULES FOR WORK RELEASE

1. I will not consume any alcohol or drugs while on the work release program.

ANYONE REPORTING BACK TO THE JAIL FROM WORK RELEASE REGISTERING OVER .001 ON A PBT WILL BE AUTOMATICALLY REMOVED FROM THE WORK RELEASE PROGRAM.

2. Work release will only be allowed for on employer, for whom you must have been employed by for thirty (30) days prior to your incarceration and can prove it. **MUST PROVIDE CHECK STUBS FOR THE PREVIOUS 30 DAYS OF EMPLOYMENT.**
3. I understand that I am required to **pay one week's rent IN ADVANCE (\$130.00), prior to starting work release (includes a \$25.00 administrative cost). I**

understand that every week's rent thereafter (\$105.00) will be paid one week in advance.

4. I understand if I fall behind in rent I will be removed from work release.
- 5. YOU ARE ALLOWED TO CASH YOUR CHECK. HOWEVER, YOU MUST HAVE \$105.00 IN YOUR ACCOUNT BY 8:00 A.M. MONDAY MORNINGS TO PAY FOR YOUR RENT. YOU ALSO MUST BRING YOUR CHECK STUB TO THE JAIL, TO BE TURNED OVER TO THE BOOKING OFFICER.**
6. Anyone who has a commitment of fifteen (15) days or less will not be considered for the Work Release Program.
7. Maximum time allowed out of the jail will not exceed twelve (12) hours a day, including travel time.
8. If you get out of work early you are required to report back to the jail as soon as possible.
9. You MUST take at least eight (8) hours off between scheduled working times.
10. If you have a schedule that varies in working hours, you MUST have it approved by the Work Release Supervisor or Jail Administration.
11. You can work Sundays, BUT CANNOT WORK MORE THAN SIX (6) DAYS IN A ROW. YOU MUST TAKE AT LEAST ONE DAY OFF AFTER WORKING SIX (6).
12. Anyone scheduled to work an observed Holiday MUST, at least 3 days in advance of the Holiday, notify the Work Release Supervisor or Jail Administration. Notification MUST be in writing, on company letterhead, signed by your supervisor.
- 13. Read and be familiar with the Jail Resident Guide.**
14. Any major rule violation could result in removal from the work release program, and possible loss of good time, loss of privileges, or criminal prosecution.
15. No cigarettes, or items considered contraband, are allowed in your locker located in the jail receiving area. **CONTRABAND IS ANYTHING NOT AUTHORIZED BY THE JAIL.**
16. I will not change my place of employment, training or school while on the Work Release Program.

17. I will notify my Work Release Supervisor, or the Jail Administration, upon a change of plan, discharge, lay off, quitting or other termination of my employment, training, school or court dates.
18. I will not drive or ride in any private or public motor vehicles other than those used in carrying out my duties of employment, without the express consent of my Work Release Supervisor or the Jail Administration. I understand that hitchhiking is not permitted.
19. I will notify my Work Release Supervisor, or the Jail Administration, immediately upon any change or problem with my transportation.
20. I will not change my vehicle or specified driver without specific permission from the Work Release Supervisor or Jail Administration.
21. There will be no unauthorized passengers in the vehicle in which I take to and from work.
22. I will furnish proof of a valid driver's license, vehicle registration and proof of vehicle insurance to the Work Release Supervisor, or Jail Administration, if operation of a motor vehicle is necessary for transportation back and forth to my place of employment.

If I have a specified driver they must have a valid driver's license and the vehicle they drive must be properly registered and insured.
23. When exiting the jail I will wait by the South door for my ride to arrive. **NO WANDERING AROUND OUTSIDE THE BUILDING!**
24. I agree to travel directly to and from my place of employment by the most direct route and approved method of transportation, without unauthorized stops or detours.

NO STOPPING AT YOUR RESIDENCE, OR RESIDENCE OF RELATIVES AND FRIENDS!
25. I understand that all breaks and meal periods will be taken at my work site, and I cannot leave my work site for personal reasons without prior approval of the Work Release Supervisor or Jail Administration. I further understand that all personal correspondence, contacts and visits are accomplished as directed by facility rules and regulations, and are strictly prohibited to occur at my work site.
26. After returning to the jail from work you are to exit your vehicle immediately and enter the jail facility. **NO VISITING IN YOUR VEHICLE.**
27. I will allow any officer to search my vehicle at any time while I am enrolled in the Work Release Program.

28. I will have my foreman or work supervisor notify my Work Release Supervisor, or the Jail Administration, in writing on company letterhead of any incidence which necessitates my working overtime or leaving work early for any reason at all.
29. I will have my work supervisor notify my Work Release Supervisor, or the Jail Administration, in writing on company letterhead at least two (2) days in advance if I am needed to work an occasional Saturday or Sunday that I am not regularly scheduled to work.
30. I will not associate with, or contact in any manner, any ex-prisoner, or any persons known to have a police record, other than those with whom I must make contact in carrying out my authorized work/education release functions.
31. I will not possess, use, or cause to be brought into the Allegan County Jail, any narcotic, paraphernalia, drugs, or any intoxicants not prescribed for myself by the Jail Medical Department. This includes marijuana, cocaine, barbiturates, LSD, etc. For violation of this rule I expect to be prosecuted.
32. I will submit to a PBT (portable breath test) or Breathalyzer test, urine test or polygraph test at any time the request is made from an officer. I understand that to refuse any, one, or all tests will result in my dismissal from the Work Release Program.
33. I will not be in possession of, or use, any firearms, dangerous weapon, or articles deemed contraband by the Allegan County Jail. For violation of this rule I expect to be prosecuted.
34. I agree that all correspondence and visits will be within the prescribed policies and regulations of the Allegan County Jail.
35. I will not obtain a Doctor's appointment, or consume any medication, without prior approval from the Jail Medical Department.
36. I will abide by all rules and regulations as set forth by the Allegan County Jail, and will conduct myself properly at all times. I will maintain my personal hygiene and keep my clothing and residential jail area neat and clean.
37. I will keep only those clothes and personal property needed to sustain myself on the Work Release Program.
38. I understand the Work Release Section and the Allegan County Jail assume no responsibility for loss of my personal property while I am on the Work Release Program.

39. I will not leave Allegan County, or attached counties, while on the Work Release Program, without permission from the Work Release Supervisor or Jail Administration.
40. Work release participants are not allowed to stop in or eat at any establishment that **serves** alcoholic beverages.
41. All work release participants will abide by all rules or orders of their probation.
42. A sack lunch is provided for work release participants, if requested. Requests for a sack lunch must be in writing to the classification officer by Fridays at 8:00 a.m. You need to put your name and how many lunches you will need for the following week, Saturday through Friday, and what shift you are working.
43. Work release participants are allowed to bring in a wind up or battery operated alarm clock, if needed.
44. I will make immediate contact with the Allegan County Jail at **(269) 673-0500** to speak to the shift supervisor if I am running late or behind schedule **for any reason**.

ALLEGAN COUNTY SHERIFF'S OFFICE/JAIL – WORK RELEASE PROGRAM

EMPLOYER AGREEMENT

I understand that _____, whom I employ, is on work release at the Allegan County Sheriff's Office/Jail. In order to provide appropriate supervision of this individual's activities while on the Work Release Program, I agree to the following:

1. To generally account for and supervise this employee during his/her working hours. **THIS INCLUDES REPORTING ANY UNAUTHORIZED ABSENCE OF EMPLOYEE.**
2. To report any wrongdoing on the part of the employee.
3. To allow Officers of the Sheriff's Office/Jail to visit this employee on the job and to discuss his/her conduct and schedule with supervisory personnel.

The Allegan County Sheriff's Office/Jail agrees to advise the employer of any change in the employee's work release status that may affect his/her employment and job attendance.

EMPLOYER'S NAME – PLEASE PRINT

EMPLOYER'S SIGNATURE

DATE

PLACE OF EMPLOYMENT

TELEPHONE NUMBER

ADDRESS OF EMPLOYMENT

CITY

REGULAR WORK DAYS

REGULAR WORK HOURS

ESCAPE FROM OFFICIAL DETENTION

RE: Public Act 212 of 1987,
Section 1. Section 195
of Act No. 328 of Public
Acts of 1931

I, the undersigned, understand that as a resident of the Allegan County Jail I will be subject to official detention by the Sheriff of Allegan County, and that it is unlawful for me to escape from such detention. I understand that escape includes any unlawful departure, including failure to return to custody, after temporary leave granted for a specific purpose of limited period. I am aware that if I escape from the Allegan County Jail I will be prosecuted for a crime, punishable by imprisonment.

I have read the attached agreement and it has been discussed with me by the Work Release Supervisor. I understand that any deviation from this agreement can result in my removal from the Work Release Program and subject me to disciplinary or criminal action.

DATE: _____

SIGNED: _____
Work Release Enrollee

SIGNED: _____
Work Release Supervisor

APPROVAL FOR WORK RELEASE

Inmate Jacket Number _____

This authorizes _____ to leave the premises of the Allegan County Jail for the purpose of engaging in the Work Release Program at the following work site:

_____.

This subject will leave the jail at _____ AM / PM and return at _____ AM / PM on these days _____.

This is in compliance with the provisions of Section 1 of Act No. 60 of the Public Acts of 1962, being section 801.251 of the Michigan Compiled Laws, and with the Rules and Regulations established in pursuance thereof.

For further information contact the Jail Programs Department at (269) 673-0500 ext. 4483 or ext 4226.

PARTICIPANT

DATE

SHERIFF/JAIL ADMINISTRATOR

JACKET NUMBER _____

ALLEGAN COUNTY SHERIFF'S OFFICE/JAIL – WORK RELEASE APPLICATION

THIS FORM **MUST BE COMPLETELY FILLED OUT**

NAME _____ DATE OF BIRTH _____

DRIVER'S LICENSE NUMBER _____

CHARGE _____

IN DATE _____ LENGTH OF SENTENCE _____

COURT _____ JUDGE _____

EMPLOYER _____ TELEPHONE # _____

ADDRESS _____

DATE OF HIRE _____ TYPE OF WORK _____

WORK SHIFT _____ WORKDAYS _____

HOURLY WAGE _____ PAY DAY _____

MEDICAL/DENTAL INSURANCE _____

TRANSPORTATION

ROUTE FROM JAIL TO EMPLOYER _____

NAME OF PERSON PROVIDING TRANSPORTATION _____

TELEPHONE # _____ RELATIONSHIP _____

DRIVER'S LICENSE NUMBER _____

VEHICLE USED _____ VEHICLE LICENSE # _____

COLOR OF VEHICLE USED _____ VEHICLE MAKE _____

NAME OF PERSON PROVIDING (*if more than one*) _____

TELEPHONE # _____ RELATIONSHIP _____

DRIVER'S LICENSE NUMBER _____

VEHICLE USED _____ VEHICLE LICENSE # _____

COLOR OF VEHICLE USED _____ VEHICLE MAKE _____

THE INFORMATION CONTAINED IN THIS FORM IS FACTUAL. FURTHER, I UNDERSTAND THAT IF ANY OF THIS INFORMATION IS FOUND TO BE FALSE, IT WILL RESULT IN THE TERMINATION OF MY WORK PRIVILEGE.

SIGNATURE OF WORK RELEASE APPLICANT: _____

Date: _____