

## Work /School Release Participant Agreement

### Qualifications

- You must be sentenced by a lawful court authorizing Work Release by the sentencing Judge.
- You must pay a weekly Work Release fee.

Any inmate who is sentenced to the Menominee County Jail with Huber Law (Work/Day Parole) release must abide by the following Release Rules. You must pass a urine screen prior to being released for day parole. If the urine screen is positive you must wait seven (7) days before requesting another test. Your inmate account will be charged twenty-five dollars (\$25) for subsequent tests. Failure to comply with these rules may result in the immediate removal from the release program:

I will go DIRECTLY to work/school by taking the closest and most direct route.

I will return to the jail immediately after work/school is finished taking the closest and most direct route.

I will not stop in between unless authorized by the Menominee County Sheriff Department ahead of time.

I will not violate any laws or ordinances of Federal, State or Local Governments while outside the jail facility.

I will submit to a blood, urine, breath test upon request, refusal will result in loss of release privileges.

All meals eaten while released will be at my work/school location.

I will not leave my general work/school area for any reason except for related activities.

I will not possess or consume alcoholic beverages or any alcohol-based product.

I agree to remain drug free while on the program.

I will not bring any contraband to the jail (this includes tobacco products, lighters, food or drink).

Correctional staff may search my locker as well as my work vehicle and their contents, periodically. I

understand the prosecution/discipline will be sought for any illegal items found.

I understand that work release days are Monday through Friday, forty hours (40) per week, unless otherwise authorized by the sentencing Judge.

I understand employer must notify the jail ahead of time to request permission for any overtime I am required to work and the Judge's authorization must be on file.

I understand that my Probation/Parole agents or the sentencing Judge must approve in advance any release for work/school on ANY legal Holiday.

I understand that my employer is required to complete an Employer Day Parole Agreement form, and that I am responsible to return the signed form to the jail staff promptly or I may not be released for work/school.

I understand that I will be checked on and my employer may be contacted periodically to verify my work hours.

I understand that if I am injured at work or school I am to inform the correctional officer on duty upon my return from work/school and whether or not I have sought treatment. The Menominee County Jail will not be responsible for any medication or medical services incurred while outside the jail for release granted by my sentencing Judge.

I am still under the jurisdiction of the Sheriff and the Court of Sentence while outside the facility.

I will not carry, deliver or pass any messages written or oral for any other jail residents to any person.

I will deposit my payroll checks into my Inmate Fund Account and consent to have twenty dollars (\$20) per day paid from the check to the Menominee County Sheriff Department for prisoner board. If prior approval is received my check stub may be provided instead of depositing my check, however cash must then be deposited to cover the board. Eighty percent (80%) of money deposited will be deducted from my inmate fund account, to be applied to the twenty dollars (\$20) daily fee.

I am required to completely and accurately fill out and return an Inmate Financial Statement. If I am unable to comply with the above payment arrangements a meeting must be scheduled with the office assistant, my financial status will be reviewed and payment arrangements made.

Failure to comply with these and all the jail rules may result in the revocation or suspension of my release privileges, loss of goodtime or other disciplinary action.

Inmate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Correctional Officer: \_\_\_\_\_

**MENOMINEE COUNTY CORRECTIONS DIVISION WORK RELEASE  
APPLICATION AND AGREEMENT**

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Applicant's Name Inmate #

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Charge

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Sentence

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Employer

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Employers Address Phone #

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Supervisor

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Transportation Provided by (to and from place of employment):

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Address of Provider

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Type of Vehicle	Make	Model	Year	Registration	State
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Days of Release

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Release Time from Jail Check In Time to Jail

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Approval (Sgt. or his/her designee)

**NOTES:**

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# Menominee County Sheriff Department

**Kenny Marks, Sheriff**

**Mike Holmes, Undersheriff**

831 Tenth Avenue • Menominee, MI 49858

Phone: (906) 863-4441 • Toll Free: 1-800-236-0242 • Fax: (906) 863-2239

Your employee, \_\_\_\_\_, has been sentenced to a jail term in the Menominee County Correctional Facility and has been approved for participation in the Work Release Program. He/She has signed a Work/School Release Participant Agreement and was advised to provide you with a copy for your review, so there is a clear understanding of the expectations for your participation in the program.

Communication between employers and facility staff is encouraged; if we can be of any assistance please contact Deputy Scott Christiansen or an on-duty Sgt. at 906-863-4441 (or you may email Schristiansen@menomineeco.com)

**In any of the following cases, notify the Jail immediately at (906-863-4441).**

- **Emergency**
- **Employee fails to show for work**
- **Calls in Sick**
- **Departs Early**

Your cooperation is appreciated.

**Please provide the following information:**

Employer/Supervisor Name					
Business Name					
Business Address					
Office Phone				Cell Phone	
Employee's Name					
Working Hours	From:		To:		
Length of meal break		Hours worked per week			
Rate Per Hour					
Days of week worked					
Scheduled Pay Days	Day of Week		<input type="checkbox"/> weekly	<input type="checkbox"/> biweekly	

Employer Signature \_\_\_\_\_

Date \_\_\_\_\_

Your signature attests to your agreement to provide the referenced employee with the stated hours of employment, during the weeks stated, at the rate of pay stated. You will provide the necessary supervision to ensure that the above-named employee is working at the place stated above during the hours set forth. Employer/supervisor will provide the Correctional Facility with a copy of the documentation showing hours worked on a regular basis or if specially contacted to do so.

*\*\*Menominee County is an equal opportunity provider and employer\*\**