**Electronic Monitoring Program**

**Work Schedule**

Name of Inmate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Employer/Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Site Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate of Pay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Day of Pay:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mode of Transportation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1) Start and End times are your scheduled hours for work or school.**

**2) You will not be allowed to work over 8 hours in a day, *unless approved* by the**

**EMP Coordinator, and this would only be for special situations. (Not Daily)**

**3) An Inmate must remain home at least one day each week.**

**4) Completed schedules must be turned in every Friday night. They can be dropped**

**off or faxed to the EMP Coordinator at 715-421-8775.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DATE** | **DAY OF WEEK** | **START TIME** | **END TIME** | **ACTUAL TIME YOU LEAVE FOR WORK**  **OR**  **SCHOOL** | **ACTUAL TIME HOME FROM WORK**  **OR**  **SCHOOL** | **TOTAL HOURS** |
| **\_\_/\_\_/\_\_** | **Sunday** |  |  |  |  |  |
| **\_\_/\_\_/\_\_** | **Monday** |  |  |  |  |  |
| **\_\_/\_\_/\_\_** | **Tuesday** |  |  |  |  |  |
| **\_\_/\_\_/\_\_** | **Wednesday** |  |  |  |  |  |
| **\_\_/\_\_/\_\_** | **Thursday** |  |  |  |  |  |
| **\_\_/\_\_/\_\_** | **Friday** |  |  |  |  |  |
| **\_\_/\_\_/\_\_** | **Saturday** |  |  |  |  |  |

I, hereby state that these are the paid hours for this employee, who is presently under the Electronic Monitoring Program (EMP) of the Wood County Jail. I understand that the information furnished is public record and may be given to the IRS, Social Security Office, Employment Relations Board or others as requested. I agree to call the EMP Coordinator in the event of any changes in hours for this employee. I also agree to advise the EMP Coordinator of any job site changes by the employee. The Coordinator can be reached at 715-421-8768. The Fax number is 715-421-8775.

***In order for your employee to continue with this program, this form must be filled out by you prior to each work week. The Jail considers Sunday the first day of the week.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*Signature of Supervisor\*\*\* Date**