



## WHITMAN COUNTY SHERIFF'S OFFICE

411 N. Mill Street • COLFAX, WA 99111 • PHONE (509) 397-6266 • FAX (509) 397-2099

**BRETT J. MYERS, SHERIFF**

Dear Employer:

I would like to thank you for allowing your employee to take part in this alternative sentencing program and explain your part in the program. The work release program is administered by the Whitman County Sheriff's Office to allow offenders sentenced to jail time the ability to comply with the courts order while maintaining their employment. The work release program is not home detention. Participants live at the Whitman County Jail and are released only for work related purposes, community service, medical appointments, court appearances, etc.

As the employer, you play an important part in the verification of the employee's work hours. It is required that your employee provide a copy of his or her weekly timecard documenting the time he or she starts and ceases work for each working day. If your organization does not use a timecard, a generic timecard can be provided upon request. All timecards turned into the Whitman County Jail as verification of hours worked will require the signature of the employer.

It will be necessary for your employee to have consistent work hours and not have frequent schedule changes. An applicant or participant whose employment or working conditions lack consistent work hours, requires frequent schedule changes, or is employed on an "on-call" basis will be denied participation in the program. We do understand employees will occasionally need to work overtime on short notice, or may require schedule changes from time to time. In such cases, the Whitman County Jail must be notified prior to the change and with as much advance notice as possible. You can send scheduled changes back with your employee or fax them to the Whitman County Jail (509) 397-6637. All requests for overtime and schedule changes must be on company letterhead, signed by the employer. Again, please keep in mind that excessive schedule changes could result in denial of the employee's continued participation. Any request that would cause your employee to be out of the confines of the jail for more than 14 hours will be denied.

Your employee is also required to call and notify the Whitman County Jail of any change in their work location or on any occasion where they would need to leave the work site. This allows the Corrections Officers to perform required, unannounced jobsite visits of your employee. Failure to find your employee at their assigned work location could result in their removal from the program and your loss of the employee for the remainder of the participant's jail sentence.

Along with this letter, your employee should have provided you with three sheets from the Work Release Application Packet. Please complete these forms and have your employee return it with his or her application. If you have any further questions about the program please contact Sgt. Tom Fealy at Whitman County Jail at (509) 397-5590.

Tom Fealy, Sergeant  
Work Release Program Supervisor



## Employer Provided Information

Employee's Name: \_\_\_\_\_

Employee's Job Title: \_\_\_\_\_

Employee's Hire Date: \_\_\_\_\_ Current Wage: \$ \_\_\_\_\_ Per:  Hour,  Week,  Month,  Year,  \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Business License #: \_\_\_\_\_ UBI #: \_\_\_\_\_

State Tax # \_\_\_\_\_

or Contractors License #: \_\_\_\_\_

Employee Work Schedule: (Please indicate a.m. and p.m. on the start and end times)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time:							
End Time:							

Weekly copies of the employee's timecard signed by the employer will be required for verification. Attach copies of the two most recent pay stubs and work schedules for the same time period.

By my signature below, I indicate agreement to notify the Whitman County Jail of any of the following conditions in regards to the above named employee: absence from work, tardiness, deviation from work schedule, termination, lay off, or use of alcohol and/or drugs. I also understand that changes to the above schedule should be kept to a minimum. Any change to the employees schedule will be done in writing and be sent to the Whitman County Jail.

Employer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Whitman County Sheriff's Office Work Release Program

Please provide additional signatures for supervisory or scheduling personnel who are allowed to make changes to the employee's work schedule. Schedule changes not signed by those listed will not be honored. Additional signatures can be provided on the back of this form.

Authorized  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Position/Title: \_\_\_\_\_

Authorized  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Position/Title: \_\_\_\_\_

**Employer Agreement**

(This page is to be filled out by employer)

I, \_\_\_\_\_, give the Whitman County Sheriff's Office or their designated agent permission to access the work release employee's work area in order to verify the work release inmate's work status. I have the authority to give this permission and it may be exercised whenever the work release inmate is scheduled to be working.

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

\_\_\_\_\_  
Date