

EMPLOYER WORK RELEASE AGREEMENT
SAUK COUNTY HUBER CENTER
1300 Lange Court Baraboo, WI 53913
Ph: (608) 355-4467 Fax: (608) 355 3464

_____ will be participating in the Sauk County Jail Electronic Monitoring
(LAST, FIRST MI.)
Program(EMP). Enrollment in the program will commence upon the start of his/her sentence. For information in reference to the start and end date, you may contact the Jail Diversion team.

To employ this person, the employer must agree to the following regulations:

1. To notify the Sauk County Jail Diversion Team at 608-355-4467 if the employee fails to report for work or leaves work during his/her assigned shift.
2. No personal savings account or advancements are allowed. By State Statute, persons under a "Huber Law" sentence cannot be garnished.
3. Proof that the employee is covered by workman's compensation insurance must be provided to the Huber Center.
 - a. This is a copy of the certificate of liability insurance showing the employer's name, company affording coverage, policy number, limits of coverage and effective dates.
 - b. In certain circumstances, such as state employed inmates, a company letter with the policy number, current date, with an official signature will be sufficient, subject to Sergeant approval.
4. It is the responsibility of the person on EMP to notify the Jail Diversion Team of shift changes, schedule changes or overtime.
5. Any violation of this agreement may result in loss of work privileges.

I agree to notify the Sauk County Jail Diversion Team of any violation:

Employer: _____ Phone: _____

Address: _____

Supervisor: _____ Phone: _____

To be completed by EMP Personnel

I have read and understand the rules and regulations of the EMP Employer Work Release Agreement.
Accepted and agreed to by:

Inmate Signature: _____ Date: _____ JCA# _____

Sheriff's Designee Signature: _____ Date: _____