EMPLOYMENT WORK SCHEDULE

SAUK COUNTY HUBER CENTER 355-3264 (phone) 355-3464 (fax)

INMATE'S NAME _____ _____

PRINT LAST NAME **PRINT FIRST NAME**

EMPLOYER _____ **ADDRESS** _____

JOB SITE LOCATION: _____

SUPERVISOR'S NAME (PRINT)_____

(SIGNATURE)_____

SUPERVISOR'S TELEPHONE AND HOURS TO BE REACHED:_____

DAY	DATE	START TIME	END TIME	(R) REG or (OT)	COMMENTS
SUN					
MON					
TUES					
WED					
THURS					
FRI					
SAT					

*** ANY CHANGES TO THE SCHEDULE MUST BE MADE BY THE SUPERVISOR VIA TELEPHONE AND FAXED TO 355-3464. THIS SCHEDULE IS TO BE FILLED OUT & SIGNED BY THE SUPERVISOR AND TURNED INTO THE HUBER CENTER BY EACH FRIDAY IN ORDER TO WORK THE FOLLOWING WEEK.**

****TO BE LET OUT FOR WORK, YOU MUST INDICATE WHETHER YOU WALK, GET A RIDE (AND WITH WHOM), OR BIKE. THIS IS VALID FOR THE ENTIRE WEEK THAT YOU WORK.**
CHECK ONE: WALK_____ BIKE_____ RIDE_____ IF RIDE, WITH WHOM_____
(MUST BE AN APPROVED DRIVER)