

# **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)**