

**CODINGTON COUNTY DETENTION CENTER
WORK RELEASE PROGRAM**

I agree to employ _____, who is now an inmate at the Codington County Detention Center, in the occupation of _____, at the beginning salary or wage of \$_____ per __. Payroll checks are issued on _____. In the event his/her services become unsatisfactory I agree to report that fact to the Work Release Coordinator at 882-6284. His/her immediate supervisor on the job will be _____ who can be contacted at_____.

Is the above stated employee covered by Workman's Compensation Insurance?
 _____Yes _____No

_____ 's work schedule will be as follows for the next two weeks.
 Any changes in this work schedule will immediately be reported to the Work Release Coordinator.

_____ Sunday _____ _____ Monday _____ _____ Tuesday _____ _____ Wednesday _____ _____ Thursday _____ _____ Friday _____ _____ Saturday _____	_____ Sunday _____ _____ Monday _____ _____ Tuesday _____ _____ Wednesday _____ _____ Thursday _____ _____ Friday _____ _____ Saturday _____
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I agree to report any absences or failure to report to work as scheduled, leaving the area of work for any periods of time, or any misconduct as well as any changes in the work schedule or unsatisfactory services immediately to the Work Release Coordinator.

Signed _____
 Position _____
 Business _____
 Address _____
 Phone _____

Send copies of time cards to: Codington County Detention Center
 14 1st Ave SE
 Watertown, SD 57201
 Phone 605-882-6284
 Fax: 605-882-5244
 Email: codingtoncountyjail@codington.org