

WORK RELEASE RULES/PROCEDURE/RELEASE AGREEMENT

1. I understand that the work release fee is 50 % of my wages after standard deductions have been deducted up to \$45 per day.
2. I understand that any advanced payment I report with will be held for 10 days after my release, allowing me time to present the final check stub reflecting the days/hours I have worked while on work release, thereby verifying hours worked and wages earned. I also understand that if I do not present all required pay stubs, money held will be considered final payment in full.
3. I understand that if I am held over a pay day I must present to the Deputy jailer in charge my endorsed paycheck and a copy of the pay stub for processing my work release fee. I understand that if I do not present those checks my release privileges may be revoked. I understand that after processing my work release fee any remainder will be placed in my inmate account to be dispersed as I see fit.
4. I understand all wages earned must be presented on a company check. If I am paid by direct deposit I will have it stopped and a payroll check showing deductions shall be generated. If I or my employer are not willing to do this I understand that I may be required to pay \$45 x the length of my sentence upon reporting and must present all pay stubs for pay periods during the time I am held in order to process my actual release obligation.
5. I understand that if I am self employed, paid by cash, personal check or any other form that does not include an attached stub showing deductions I will be required to pay the maximum \$45 per day x my sentence length when I report.
6. I understand that I cannot be away from jail for more than 10 hours at a time including travel time to and from work, unless pre-approved and I cannot work more than 6 consecutive days.
7. I understand that no out-of-state or out-of-county work is allowed. I will not leave Dubuque County.
8. I understand that I must go directly to and from my place of employment with NO stops in between unless preapproved by jail staff. I will conduct myself honestly, avoid questionable associates and will not partake in any drugs or alcohol.
9. I agree to inform the jail staff with the locations within Dubuque County where I can be located at anytime I am outside the Dubuque County Jail. I understand that if my location changes throughout the day I will maintain contact with the jail staff and update them with my location and will return to the jail immediately upon completion of my assigned appointment.
10. I understand that I cannot be involved in door-to-door sales, delivery, bartending, or be an employee of an exotic entertainment establishment. Outside the jail, I will have no contact with family/friends not associated with my work release unless authorized.
11. I understand if I am valid to drive I may drive myself to and from my locations after providing jail staff with my DL and vehicle information for verification. If I am not valid I must provide the jail my ride information for verification and approval.
12. I understand that if I am gone from jail, during a meal time, I will be provided a sack lunch and that I may not leave my employment location to get a meal and that no one may bring me anything. Co-workers able to leave the place of employment may return with a meal for me at my expense. If I return to jail just after a meal time I understand I will be offered a meal upon my return.

I have read, understand and agree to all the above rules and conditions of the jail release program and do agree to abide by all rules and regulations stated within and accept all terms of this release agreement. I understand that any violations of these rules or any laws may result in my privilege being suspended for 5 days pending the Sheriffs' request to the court for full revocation.

I hereby declare that all information I have provided is true and accurate and understand that it will be verified. I also understand that if information is found to be false I may not be eligible to participate in the work release program.

I understand that I have been scheduled to report on \_\_\_\_\_ at \_\_\_\_\_ to begin my sentence.

**I understand I must report free of any drugs or intoxicants, and that I will be tested upon turning myself in and randomly tested while on the work release program. If I test positive at any time I understand my release privilege may be suspended or revoked.**

I understand I am serving \_\_\_\_\_ days and must report with \$ \_\_\_\_\_ in order to be allowed the release privilege.

I understand that if I fail to report an immediate pick-up order may be issued to enforce my sentence and I may lose my release privilege.

I understand I may be checked on regularly at my place of employment to verify my compliance with all rules & regulations.

Inmate: \_\_\_\_\_ Date / Time: \_\_\_\_\_

Witness: \_\_\_\_\_ Date / Time: \_\_\_\_\_