

LINN COUNTY CORRECTIONAL CENTER
GPS ELECTRONIC MONITORING SYSTEM PROGRAM

WORK RELEASE GUIDELINES AND EMPLOYMENT INFORMATION FORM

Call the Linn County Correctional Center at **319-892-6300** approximately two weeks **PRIOR** to your surrender date to speak with a Shift Sergeant and schedule a Work Release interview appointment. Your formal Work Release interview shall be scheduled and completed no later than **7-days** prior to your surrender date. Failure to do so could delay your approval for work after you report to serve time.

AT THE TIME OF YOUR WORK RELEASE INTERVIEW, YOU MUST PROVIDE:

- *This completed work release employment information form.*
- *Show proof of employment history over the previous 90-days, two most recent check stubs and/or previous year's tax return.*
- *Proof of child support payment (if applicable).*
- *Each driver's: Valid driver's license, Vehicle registration, and Proof of vehicle insurance (if applicable).*

Failure to provide this information at your formal interview may result in delaying your contract until all required forms are provided. Work Release interviews take approximately 30-minutes to complete and may be interrupted or delayed due to jail workload and staffing. To expedite your interview process you may choose to mail copies of the required work release forms to the jail prior to your interview date. Bring all original forms and signed proof of employment with you to your interview.

Linn County Correctional Center
Work Release Program / Coordinator
P.O. Box 608
Cedar Rapids, Iowa 52406

Work Release Inmates Serving Time on the GPS Electronic Monitoring Program

1. Work hours and travel time combined **CANNOT** exceed 50 hours per week (Sunday through Saturday), unless authorized by court order of the sentencing Judge or by the Linn County Jail Administration.
2. Minimum sentence of seven (7) days.
3. Work shall be within Linn County at all times, unless authorized by court order of the sentencing Judge and/or approved by the Linn County Jail Administration.
4. Pay all work release dues based on a flat rate reimbursement charge of Fifty Dollars [**\$50.00**] per day for the GPS device, charger and staff electronic monitoring services EMS while on work release home confinement. Work release dues are paid **CASH ONLY** in exact change, and due in seven day increments, beginning with the surrender date.
5. All reimbursement costs include alcohol and drug testing upon arrival. Random alcohol and drug tests thereafter are also included. No alcohol or drugs present in your system upon your arrival at jail and during your work release sentence. Should you test positive for alcohol or drugs, your work release shall be suspended and the Jail Administration will request the Court to revoke said work release privileges permanently.
6. Are prohibited from using or consuming drugs or alcohol while on GPS monitoring. All alcohol and drugs shall be removed from the residence while on GPS monitoring.
7. Are prohibited from possessing firearms or other offensive weapons while on GPS monitoring. Such weapons shall be removed completely from the residence during GPS monitoring.
8. Offenders must agree to keep the GPS tracking device charged as directed and to comply with any requests to charge the GPS device during work and home confinement.

TO BE COMPLETED BY EMPLOYEE:

Mode of transportation: Vehicle () Bus () Route #___ Bike () Taxi / Ride Share () Walk ()

Driver Information: (If Applicable)

Name _____

Address _____

Phone Number _____ Driver's license number _____

(Copy of valid driver's license is required)

Vehicle Information:

License plate _____ Year _____ Make _____

Model _____ Color _____

Insured by _____

(Copy of valid vehicle insurance is required)

Linn County does not have any responsibility to provide food, clothing, hygiene products, dental, or medical care while participating in the EMS GPS program.

TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR:

Employee's name: _____

Address _____

Phone number _____

Marital Status _____

Do you pay child support? Yes No If Yes, how much Weekly \$_____

Employer's name: _____

Address: _____

Phone number: _____

Job site if different from employer's office area: _____

Employee's position: _____

How long has he/she been employed with this company: _____

Type of business: _____

Supervisor's name: _____

Work phone number: _____

After hours contact number: _____

Employee's earnings: Salary (\$_____) Wage (\$_____/hr) Comm. (\$_____)

Workers compensation: Yes No

Hospital insurance: Yes No

TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR:

Employees Schedule:

This is actual work hours scheduled. **DO NOT** estimate or include travel time as this will be completed during your Work Release interview.

	SUN	MON	TUES	WED	THURS	FRI	SAT
BEGINS:							
ENDS:							

Variable schedule: () Set schedule: ()

NOTE: Schedule changes MUST be in writing, signed, dated by the employer, and submitted by Wednesday evening to be effective for the following week. DAILY SCHEDULE CHANGES SHALL NOT BE PERMITTED. Work hours and travel time combined cannot exceed 50 hours per week (Sunday through Saturday). Requests not meeting this criteria may be approved and/or denied by the Linn County Jail Administration.

Signed _____ Date _____
(Employer's authorized signature)