

OUTSIDE WORK RELEASE PROGRAM RULES AND AGREEMENTS

THE FOLLOWING IS A LIST OF RULES THAT MUST BE COMPLIED WITH IN ORDER TO PARTICIPATE IN THE SHERIFFS OUTSIDE WORK RELEASE PROGRAM

Qualifications

1. YOUR SENTENCE CANNOT EXCEED SIXTY (90) DAYS EXCLUDING GOOD TIME WORK TIME CREDITS.
2. YOU MUST BE PHYSICALLY ABLE TO PERFORM MANUAL LABOR.
3. YOU MUST NOT HAVE BEEN CONVICTED OF A VIOLENT CRIME, OR BE A REGISTERED OFFENDER AS DESCRIBED UNDER SECTIONS 11590H&S, 290,186.30 PC OR A PRIOR 4024.3 (c) (2) PC.
4. YOU MUST WORK A MINIMUM OF 4 DAYS PER WEEK. **IF YOU ARE EMPLOYED AND WORK 40 HRS PER WEEK, YOU WILL WORK 2 DAYS PER WEEK AT O.W.R. & PROVIDE VERIFICATION OF EMPLOYMENT, W-4 FORM FROM EMPLOYER & EACH WEEKS TIME CARD AS PROOF OF EMPLOYMENT.**
5. **YOU MUST PAY A \$50.00 ADMINISTRATIVE FEE AT THE TIME OF BOOKING**
6. YOU WILL PAY \$13.00 PER DAY IN ADVANCE. **PAYMENTS ARE NON REFUNDABLE.**

Agreement

I, _____ agree to and understand the following rules while participating in the Sheriff's Outside Work Release Program.

1. **I will pay all my fees in advance. I acknowledge that the fees will not be refunded.**
2. **I understand I will be required to work a minimum of 8 hours each day. THE WORK DAY IS FROM 08:00 AM TO 5:00 PM. Unless I have been released by my supervisor.**
3. **I will provide my own transportation to and from the Sheriff's Training Center.**
4. **I will report for work dressed properly, no shorts, cut off pants, tank tops, or open toe shoes.**
5. **I will not leave the work site for lunch and I will provide my own lunch.**
6. **I understand I am subject to search and seizure for contraband such as weapons, alcoholic beverages and non-prescription drugs at anytime. THIS ALSO INCLUDES TESTING FOR CONTROLLED SUBSTANCE.**
7. **I will not have any visitors at my work site. I will not be permitted to communicate with anyone on the job sites other than the work crew supervisor, or other participants. I will not use my CELL PHONE OR PAGER, when on work release. I will not be insubordinate toward the work crew supervisor, demonstrate a poor attitude, or fail to perform any assigned task.**
8. **I will perform all tasks to the best of my ability.**
9. **I will not report to work** under the influence or in the possession of any alcohol or drug.
10. **I will inform the work crew supervisor of any medications that has been prescribed to me by a physician and when I am to take them. I will permit the work crew supervisor to take possession of and dispense the medication during my work hours if directed to do so.**
11. **I will notify the work crew supervisor immediately, if I injure myself or see another participant on the work site injure him or herself.**
12. **I will provide an excuse from the treating physician in the case of an emergency absence due to a valid medical or dental problem and will contact the work release supervisor. Any unexcused absences will result in termination from the Work Release Program.**
13. **I will report promptly at 8:00 a.m. each day to the Sheriff's Training Center to receive my work assignment. I will follow all of the above rules and regulations, if I fail to do so I will be terminated from the work release program.**
14. **I understand by signing the OWR sign-in sheet I am considered an IN CUSTODY INMATE and are governed by same laws as any other person in confinement. I understand if I leave a job site without permission, I may be prosecuted under Penal Code section 4532(b)(1).**

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF OFFICER

DATE

**SUTTER COUNTY CORRECTIONAL FACILITY OUTSIDE
WORK RELEASE PROGRAM**

Name: _____ **SC #:** _____
 Last First Middle

DOB ___/___/___ **Court Case Number(s):** _____

Sentence: _____ **Actual OWR Days** _____ **Work Week Days** _____

Admin Fee \$50.00 + **OWR Fees** \$_____ = **Total** _____ **Paid in Full** _____

Date Rcvd _____ **Date Rcvd** _____ **Date Rcvd** _____ **Date Rcvd** _____

Comments: _____

DATE	STAFF	DATE	STAFF	DATE	STAFF	MAKE UP DATE	Admonishments:

(I HAVE READ AND APPROVED THESE DAYS OF WORK RELEASE)

Signature of Applicant _____ **Date:** _____

Signature of Officer _____ **Date:** _____

Summary () Felony () Probation OFFICER: _____ **822-7320**