HALL COUNTY CORRECTION
WORK RELEASE / HOUSE ARREST RELEASE INFORMATION SHEET

You are required to complete this form in **full and print clearly**. Failure to do so may result in your work release or house arrest status being deemed invalid. It is your responsibility to ensure that all information provided remains accurate and up to date. If any information changes and you fail to notify this office, your work release or house arrest privileges may be suspended or revoked, and you may also forfeit earned good time.

Indicate the option for which you are applying: ☐ WORK RELEASE ☐ HOUSE ARREST

PERSONAL

Name:_____ DOB:_____

Operator's License #:_____ State:_____ SS#:_____

Street Address:_____

City:_____ State:_____ Zip:_____ Length at Address:_____

Home Phone:_____ Cell Phone:_____ Other:_____

City:_____ State:_____ Phone:_____

Additional Roommates: _____

_____

EMPLOYMENT

Employer:_____ Work Site:_____

Length of Employment:_____

Work Hours:_____ Work Days:_____ Work Phone:_____

Travel Time to Work:_____ Travel Time back to Jail:_____

Supervisor's Name:_____

Supervisor's Address:_____

Supervisor's Contact Phone:_____ Cell_____ Other_____

VEHICLE

Make/Model/Year:_____ Color:_____

Plate Number:_____ (**PROOF OF INSURANCE/REGISTRATION/VALID LICENSE REQUIRED)**

SENTENCING INFORMATION

Court:_____ Judge:_____

In Date:_____ Length of Sentence_____

Charges:_____

Probation/Probation Officer:_____

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EMPLOYER AGREEMENT

I understand that _____, whom I employ, has applied for Work Release and/or House Arrest at Hall County Corrections. Hall County Corrections agrees to advise the employer of any change in the employee's Work Release status that may affect his/her employment and job attendance. In order to provide appropriate supervision of this individuals activities while on the Work Release Program, I agree to the following:

1. To generally account for and supervise this employee during his/her working hours. THIS INCLUDES REPORTING ANY UNAUTHORIZED ABSENCE OR EARLY DEPARTURE OF EMPLOYEE FROM AUTHORIZED WORK HOURS. Also, any employee misconduct or change in employment status.

2. To allow Officers of the Jail to visit this employee on the job and to discuss his/her conduct and schedule with supervisory personnel.

3. The Judge's Work Release order, showing days and hours of ability to work, will not change from week to week. May work up to 6 days per week. Only allowed up to a 12 hour shift. ALL EMPLOYEES TO REMAIN WITHIN GEOGRAPHICAL BOUNDARIES OF HALL COUNTY, NO EXCEPTION. MUST PROVIDE COPY OF CERTIFICATE OF LIABILITY/WORKERS' COMPENSATION INSURANCE FORM.

4. The application processing and approval/denial will start on date of incarceration after chemical/PBT testing. Allow 3-7 Business days from date of incarceration.

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SUPERVISOR'S NAME-PLEASE PRINT_____

EMPLOYER'S SIGNATURE_____

PLACE OF EMPLOYMENT_____

ADDRESS OF EMPLOYMENT_____

CITY_____ **PHONE**_____ **DATE**_____

EMPLOYEE JOB TITLE_____ **PAY DAY**_____

Record the hours the employee works in the space provided below. Specify whether each shift is AM or PM. For any day the employee does not work, mark the day as 'OFF.'

Week 1

	Start Time	End Time	AM or PM
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Week 2

	Start Time	End Time	AM or PM
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			