

Kewaunee County Sheriff's Department – Jail Division
Huber Inmate Employment Verification

Inmate's Name: _____ **File Number:** _____

Date of Birth: _____ **Employer:** _____

Sentence: _____ **Employer Phone Number:** _____

Employer Address: _____

Name of Supervisor / Contact Person: _____

Employment Schedule: _____

Is this Full-Time employment? Yes () No ()

Employer's Insurance Company: _____ **Policy #:** _____

Inmate is covered by: Worker's Comp _____ Medical _____ Disability _____ Other _____.

Is the Inmate subject to overtime? Yes () No () **Sunday Work?** Yes () No ()

Explain: _____

Is there any other release (childcare, AA, AODA, etc.) explain: _____

Huber Application: **Approved:** Yes () No ()

Date: _____

Signature of Huber Officer