

**Kewaunee County Sheriff's Department – Jail Division
Huber Inmate Work Schedule**

To the Employee: It is the responsibility of the employee to have this form completed by the employer and returned to the Kewaunee County Sheriff's Department. The form must be completed within **two (2)** working days prior to the start of each two-week work period. If not completed and returned as indicated, your work release privileges will be revoked.

To the Employer: Please fill out the below information and have the employee return it to the Jail or Huber Officer. It is the employee's responsibility to see that it is completed and returned. The form must be completed within **two (2)** working days prior to the start of each two-week work period. If not completed and returned as indicated, the employee's work release privileges will be revoked. The times listed below should be the employee's actual regular hours of employment. If it is necessary for the employee to work overtime, the Kewaunee County Sheriff's Department Jail should be notified at 920-388-3100 of the additional hours and their duration. In addition, a written notice, signed by the employee's supervisor should be sent to the Jail along with the employee on the date that the additional hours are worked.

Inmate Name: _____ Work Schedule Period (Date): _____

Normal Work Hours

Day	Date	Start Time	End Time	Day	Date	Start Time	End Time
Sunday				Sunday			
Monday				Monday			
Tuesday				Tuesday			
Wednesday				Wednesday			
Thursday				Thursday			
Friday				Friday			
Saturday				Saturday			

Employee is Paid

Daily () Weekly () Bi-Weekly () Twice Per Month () Monthly ()

Employee is paid by: Check () In Cash ()

On what day of the week is the employee normally paid? _____

Employee's rate of pay is: \$ _____ per _____

Is the employee paid in part or in whole by commission? Yes () No ()

Employer/Supervisor Signature

Date

Phone #