

**LINN COUNTY CORRECTIONAL CENTER**  
**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 appointment. Your formal Work Release interview shall be scheduled and completed no later than **3-days** prior to your surrender date. Failure to do so could delay your release for work after you report to serve time in the jail.

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

- *This completed work release employment information form.*
- *Two most recent check stubs or last year's tax return.*
- *Proof of child support payment (when 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.**

**Mail forms to:**            **Linn County Correctional Center**  
                                  **Work Release Program**  
                                  **Lt. Steenblock**  
                                  **P.O. Box 608**  
                                  **Cedar Rapids, Iowa 52406**

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 the Linn County Jail Administrator.
2. Minimum of a seven (7) day sentence.
3. Work within Linn County at all times, unless authorized by court order of the sentencing Judge or the Linn County Jail Administrator.
4. Pay a work release fee based on a maximum of Sixty Dollars (\$60.00) per day or fifty percent [50%] of wages or salary, after deductions required by law, whichever is less. Fees are paid with CASH ONLY in exact change, and in seven day increments, beginning with the surrender date. Additional one time fees due upon arrival: **\$10.00** key deposit, refundable if the key is not lost; and **\$10.00** for drug testing upon arrival and randomly thereafter.
5. No alcohol or drugs present in your system upon your arrival and during your incarceration. Your work release shall be suspended and may result in the revocation of your work release privileges.
6. You may bring a reasonable amount of extra clothing to wear to work. A maximum of 3 changes of clothing is allowed
  - a.) Storage space is limited.
  - b.) Laundering is available. No dry cleaning articles. (Not responsible for fading or shrinkage.)
7. An inexpensive watch, keys, money for transportation, etc. can be held in your work release locker.

**TO BE COMPLETED BY EMPLOYEE:**

Mode of transportation to work: Vehicle ( ) Bus ( ) Route #\_\_\_ Bike ( ) Taxi ( ) Walk ( )

**If applicable: Driver Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Driver's license number \_\_\_\_\_

**Vehicle Information:**

License plate \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Color \_\_\_\_\_

Insured by \_\_\_\_\_

Check if you would like a sack lunch provided to you when working outside of the Correctional Center during meal times; one sack lunch will be approved per day.

**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

Employee's 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
<b>BEGINS:</b>							
<b>ENDS:</b>							

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 Administrator.**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 (Employer's authorized signature)