

Office Use Only

_____ Time Stamp

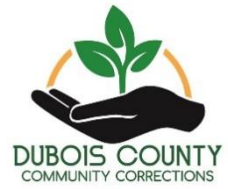
_____ Staff Initial

Dubois County Community Corrections

257 Brucke Strasse - Jasper, IN 47546

812-481-2440 812-634-2998 Fax

Email: controlroom@duboiscountyin.org



Work Schedule Verification

Participant's Name: _____ Date: _____

Thank you for employing this person. Community Corrections needs the participant's current schedule at all times, submitted no later than end of business on the Thursday prior to the week's schedule. The participant will be held in the facility until the Control Room receives an updated copy of the work schedule. We request that any deviation from this work schedule be reported to the Control Room immediately, in written form, email, or fax with 24 hours advanced notice. Participants will notify the Control Room if they leave their jobsite for additional work-related duties.

Please check one of the three boxes below to indicate whether this is a **permanent** work schedule, an **adjustment to a permanent** schedule, or a **weekly schedule** that changes from week to week (due in by each Thursday).

Permanent Work Schedule Adjustment to Permanent Schedule/weekends Weekly Schedule

Note: If submitting a permanent schedule, no dates are necessary, only the month - and are due at the beginning of each month. Weekends are to be submitted separate from a weekly schedule

PLEASE FILL OUT TIMES IN EASTERN TIME ZONE

Monday Date: _____ Start Time: _____ End Time: _____

Tuesday Date: _____ Start Time: _____ End Time: _____

Wednesday Date: _____ Start Time: _____ End Time: _____

Thursday Date: _____ Start Time: _____ End Time: _____

Friday Date: _____ Start Time: _____ End Time: _____

Saturday Date: _____ Start Time: _____ End Time: _____

Sunday Date: _____ Start Time: _____ End Time: _____

If your establishment stores or sells alcoholic beverages, please assist Community Corrections in holding the participant accountable to remain alcohol-free while at the place of employment. Thank you.

Name of Employer or Business: _____

Address of Employer or Business: _____

Supervisors Name (please print): _____

Employer or Supervisors Signature: _____

Telephone Number: _____

Email Address: _____

If you have any questions please contact the Control Room at 812-481-2440 ext.1

PLEASE CONTACT DUBOIS COUNTY COMMUNITY CORRECTIONS IF THE ABOVE EMPLOYEE IS ABSENT FROM WORK FOR ANY REASON.