MARATHON COUNTY ADULT DETENTION FACILITY

HUBER/WORK RELEASE PROGRAM EMPLOYMENT AGREEMENT

TO THE EMPLOYER:

- This agreement is to be filled out by the EMPLOYER and returned to the Marathon County Jail.
- Inmates are permitted release from jail no more than six days in a row and no more than 12 hours a day including travel time.
- If employment is terminated, please notify Marathon County Jail at your earliest opportunity. (261-1722, 261-1703, or 261-1790)
- Please notify the jail if the employee is late, does not arrive, or leaves late.
- Holiday shifts require a letter on company letterhead from a supervisor at least 48 hours in advance of the holiday. Holidays include: New Year's Day, Easter, Memorial Day, 4th of July, Labor Day, Thanksgiving Day, Day After Thanksgiving, Christmas Eve, Christmas Day, and New Year's Eve. To be released on a holiday, the employer must be open for business on the day in question.
- Overtime will only be permitted if it remains within the maximum release time and if the employer provides a letter on company letterhead from the supervisor at least 24 hours in advance.
- THE EMPLOYEE'S PAYCHECKS ARE TO BE SENT DIRECTLY TO THE MARATHON COUNTY JAIL. (NOTE: Any employee with direct deposit is required to provide a complete copy of their direct deposit pay record which includes hours worked for the pay period.)

Name of Employee_____

Place of Employment_____ **Telephone**_____

Employer's Address_____

Name of Supervisor_____

Date of Hire _____

How Employee is Paid: [ ] **Weekly** [ ] **Bi-Weekly** [ ] **Monthly** [ ] **Semi-Monthly**

Next Date of Pay_____

Days of Week Employee will be Working (Please Circle) **M T W Th F Sa Su**

Hours Employee will be Working: **Starting Time** _____ **Quitting Time** _____

IF HOURS AND/OR DAYS OF WORK VARY, PLEASE PROVIDE A SEPARATE WRITTEN SCHEDULE SIGNED BY EMPLOYEE'S SUPERVISOR

List Insurance Company and Policy Number Covering you for Worker Compensation_____
Required

List your I.R.S. Employer ID Number _____
Required

List your Wisconsin Department of Revenue ID Number_____
Preferred

SIGNATURE OF EMPLOYER (Or Authorized Agent) & TITLE_____

Marathon County Adult Detention Facility
500 Forest Street
Wausau WI 54403-5568

02/14