

**CODINGTON COUNTY DETENTION CENTER  
WORK RELEASE PROGRAM**

I agree to employ \_\_\_\_\_, who is now an inmate at the Codington County Detention Center, in the occupation of \_\_\_\_\_, at the beginning salary or wage of \_\_\_\_\_ per \_\_\_\_\_. Payroll checks are issued on \_\_\_\_\_. In the event his/her services become unsatisfactory I agree to report that fact to the Work Release Coordinator at 882-6284. His/her immediate supervisor on the job will be \_\_\_\_\_ who can be contacted at \_\_\_\_\_.

Is the above stated employee covered by Workman's Compensation Insurance?  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No

\_\_\_\_\_ 's work schedule will be as follows for the next two weeks.  
Any changes in this work schedule will immediately be reported to the Work Release Coordinator.

_____ Sunday	_____	_____ Sunday	_____
_____ Monday	_____	_____ Monday	_____
_____ Tuesday	_____	_____ Tuesday	_____
_____ Wednesday	_____	_____ Wednesday	_____
_____ Thursday	_____	_____ Thursday	_____
_____ Friday	_____	_____ Friday	_____
_____ Saturday	_____	_____ Saturday	_____

I agree to report any absences or failure to report to work as scheduled, leaving the area of work for any periods of time, or any misconduct as well as any changes in the work schedule or unsatisfactory services immediately to the Work Release Coordinator.

Signed \_\_\_\_\_  
Position \_\_\_\_\_  
Business \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Tax ID # \_\_\_\_\_

**Send copies of time cards to:**  
Codington County Detention Center  
14 1<sup>st</sup> Ave SE  
Watertown, SD 57201  
Fax: 605-882-5244  
Email: [codingtoncountyjail@codington.org](mailto:codingtoncountyjail@codington.org)