

**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 _____
_____ Monday _____
_____ Tuesday _____
_____ Wednesday _____
_____ Thursday _____
_____ Friday _____
_____ Saturday _____

_____ Sunday _____
_____ Monday _____
_____ Tuesday _____
_____ Wednesday _____
_____ Thursday _____
_____ Friday _____
_____ 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 1st Ave SE
Watertown, SD 57201

Fax: 605-882-5244

Email: codingtoncountyjail@codington.org