

DOOR COUNTY JAIL – EMPLOYMENT REQUEST

Employee Name: _____ **Name Number:** _____

Company/Employer Name: _____

TO EMPLOYEE: It is the *responsibility of the EMPLOYEE* to have this form completed by the EMPLOYER and returned to the Door County Sheriff’s Department Jail Division. If the work schedule does not remain the same each week, this form must be completed within two (2) working days of each bi-weekly period. *If the form is not completed and returned to the Jail Division, as stated above, the employee’s work release privileges may be revoked.*

TO EMPLOYER: The work hours below should be the EMPLOYEE’S regular hours of employment. If it is necessary for the employee to work overtime, the Door County Sheriff’s Department Jail should be notified immediately at (920) 746-5650. In addition; a written notice verifying the over-time hours and a supervisor’s signature must be provided to the Jail on the date extra hours are worked.

NORMAL WORK HOURS

DAY	DATE	START TIME	END TIME	DAY	DATE	START TIME	END TIME
SUN		am pm	am pm	SUN		am pm	am pm
MON		am pm	am pm	MON		am pm	am pm
TUE		am pm	am pm	TUE		am pm	am pm
WED		am pm	am pm	WED		am pm	am pm
THU		am pm	am pm	THU		am pm	am pm
FRI		am pm	am pm	FRI		am pm	am pm
SAT		am pm	am pm	SAT		am pm	am pm

Employee maintains the same schedule each week? YES () NO ()

Frequency of payroll:

Daily () Weekly () Bi-Weekly () Monthly () Twice Monthly ()

Day of week employee is normally paid: _____

Employee is paid: Check () Cash () Tips () Commission () Direct Deposit ()

If direct deposit is method of payroll, the Door County Jail’s Direct Deposit form must be completed and submitted with the Huber packet.

Date of next paycheck: _____ Employee pay rate: _____ per _____

Is the employee an independent contractor? YES () NO ()

I agree that _____ (Inmate’s name) is covered by at least \$1,000,000 Major medical/liability/workman’s compensation insurance in case of personal injury or death.

Copy of policy must be submitted along with the Huber packet.

EMPLOYER/SUPERVISOR PRINTED NAME: _____

EMPLOYER/SUPERVISOR SIGNATURE **DATE** **TELEPHONE**

OFFICE USE ONLY:

