

# Whitman County Sheriff's Office

# Work Release Application Packet

## Packet Contents

- Introduction and Frequently Asked Questions
- General Eligibility Guidelines
- Specific Eligibility Guidelines for Full Work Release Program Privileges
- Personal History Questions
- Medical Background
- Drug Usage History
- UA Fee Agreement (THC Screening Alternative Program)
- GPS Fee Agreements
- Participation Fees
- Program Rules
- Transportation Information
- Employer Letter
- Employer Provided Information
- Employer Agreement
- Employment Duties and Environment

Revision: May 2015

## Introduction

### **JUST BECAUSE YOU ARE ELIGIBLE FOR THE WORK RELEASE PROGRAM DOES NOT MEAN YOU QUALIFY.**

The Whitman County Jail's work release program encompasses more than just offenders who have a job. Our work release program includes offenders who leave the jail for school or community service as well as offenders who, based by their classification, may not leave the jail but are allowed "inside only" status.

In order to be part of the program you have to meet all the general eligibility rules. In order to qualify for full work release privileges you must also meet the all the requirements listed in the "Specific Eligibility Guidelines for Full Work Release Privileges" section below. Those with full work release privileges may leave the building without an escort. These inmates are issued black and white striped uniforms.

Remember entering the work release program is a privilege and not a right. Any Corrections Officer can withdraw the privilege at any time. Thoroughly review this packet in its entirety. There is information that must be filled out by the participant and the employer, if applicable. **Packets that are incomplete or sloppy may delay your entry into the work release program.**

## Frequently Asked Questions (FAQs)

### *How do I qualify for a job search?*

Participants in the work release program are not authorized to search for jobs after being incarcerated unless they meet certain criteria. At the time of the job search the participant must be sentenced and have a minimum of 60 days left to serve in jail (not including good time). The participant must reside in Whitman County. The participant must have a totally clean U/A to include marijuana.

### *What is the limit on the hours outside of the jail?*

Participants must have at least one continuous thirty-six (36) hour period per week (defined as the 168 hours between Sunday and Saturday) where they remain in jail. They may not be scheduled to work and/or go to school in excess of 40 hours per week without prior approval. Travel time is not included in the 40 hour work maximum. To work more than 40 hours per week a participant must prove his regular work schedule, prior to coming to jail, was regularly greater than 40 hours.

### *How long does it take to get placed in the work release program?*

It depends on a multitude of factors. Before being allowed in the work release program applicants must be classified. This process can take between 24 and 72 hours from the time of his arrival. Some other factors include how quickly the applicant reads the inmate manual and the behavior and demeanor of the applicant. Remember, application packets that are inaccurate, incomplete, or illegible may slow the application approval.

### *How do indigent participants pay the participation fees?*

Most fees only affect participants who leave the jail for activities other than community service details. A participant's ability to pay is not a deciding factor for entry into the work release program.

## General Eligibility Guidelines

Work release, partial confinement, or community service must be expressly provided for in the offender's sentence or court commitment.

Participants must have been classified by the Whitman County Jail as either minimum or medium-limited-supervision

The sentence must include confinement for at least five consecutive days.

No presence of drugs, other than THC (marijuana), may be detectable using an instant urinalysis drug screening kit.

Inmate disciplinary reports, infractions, and ability to follow rules will be a factor in applicant's eligibility.

Documented dishonesty is a disqualifier.

Participants must have thoroughly read and fully understand the Inmate Manual.

Participants must remain in good standing with their conditions of probation.

Participants must be mentally and medically stable. Those with known mental or medical issues, including chronic pain management problems, must be cleared by jail medical staff before being allowed to enter the work release program.

The work release Sergeant or his designee will make final eligibility determinations.

## Specific Eligibility Guidelines for Full Work Release Program Privileges

Registered sex offenders or offenders who have any history of crimes of a sexual nature will not qualify for Full Work Release privileges.

Participants may not have active warrants, bonds or holds.

Participants must be classified by the Whitman County Jail as minimum security.

No presence of any drugs may be detectable using an instant urinalysis drug screening kit. Those with THC (marijuana) in their system may elect to voluntarily

enroll in the THC Screening Alternative Program at the offender's expense. See the UA Fee Agreement sheet for more information.

Participants must maintain an inmate account balance of not less than \$30.00.

Participants must be employed or a student prior to incarceration to be eligible to work or go to school.

Participants must be able to provide transportation. See "Transportation Information".

## Personal History Questions

### PERSONAL DATA

Last Name	First Name	Middle Name	Date of Birth
Current Address	City	State Zip	Phone
Emergency Contact Name	Address	Phone	

### CURRENT CHARGE INFORMATION

Current Charge(s): \_\_\_\_\_

Case Numbers: \_\_\_\_\_

Sentencing Court: \_\_\_\_\_ Sentencing Judge: \_\_\_\_\_

Date Sentence is to Begin: \_\_\_\_\_ Number of Days to Serve: \_\_\_\_\_

### ARREST HISTORY (not including your current charge information)

Previous Arrests: State "none" if you have no prior arrest history: \_\_\_\_\_

Omitting information from your Arrest History **WILL** cause a delay in the processing of your application!

Arrest Date	Location	Arresting Agency	Charge(s)

Attach additional sheets if necessary

Are you now, or have you ever been, required to register as a sex/kidnap offender?  Yes  No

### PROBATION

Are You On Probation?  Yes  No If yes, for how long? \_\_\_\_\_

For? (Crime): \_\_\_\_\_

Probation Officer: \_\_\_\_\_ Phone: \_\_\_\_\_



## Drug Usage History

Participants need to be honest about their past illegal or recreational drug usage. This includes usage of prescription drugs for purposes other than those prescribed by their doctor. This information will be included with other medical information. Its purpose is to help jail medical staff and Corrections Officers ensure participants don't relapse during their time in the work release program. **Alcohol and marijuana usage must be included.**

In the space below describe the following information about each drug you consumed illegally or recreationally: The name of the substance; the amount of the substance used; when the substance was last consumed; how many months or years you had been using the substance; other pertinent information about your usage of the substance. Use additional sheets if necessary.

Name of Substance	Amount used per day/week	Last Consumed	Length of time using substance	Other information
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## UA Fee Agreement (THC Screening Alternative Program)

As a participant in the Whitman County Jail's work release program you will be required to take random UAs.

By signing below I hereby authorize the Whitman County Jail to deduct the 28-day urinalysis fee from my account during my participation in the work release program if I leave the jail for work or school. This fee will be charged on a weekly basis.

In addition to the instant test, I have the option to have my sample lab tested by Sterling Reference Labs. The sample will be packaged and sent to Sterling Reference Labs and the results will be considered final. Should I choose to have the sample sent to the lab I authorize the Whitman County Jail to deduct the full cost of the urinalysis fee from my account.

If I should ever have qualitative UA come back dirty I will pay the full qualitative instant urinalysis cost of \$15.00.

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Signature

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Date

## THC Screening Alternative Program

**Only complete this section if you are positive for marijuana and would like to voluntarily enroll in the THC Screening Alternative Program.**

Because of past marijuana use some participants may show a positive result for marijuana. It may take a month or longer for the level of THC in a person's body to drop below detectable levels. During this period of time work release participants are only allowed "Inside Only" status. When a participant has a job it may not be possible to wait until the THC is completely out of the body in order to be allowed outside of the jail. For these participants the work release program offers a THC Screening Alternative Program. This alternative program is voluntary and all costs of enrollment into the alternative program must be paid by the participant.

While in the THC Screening Alternative Program you will take a weekly urinalysis which will be sent to the Sterling Reference Labs for testing for the level of THC. This value returned is a numerical value which should decline each week. If this value ever increases it indicates there has been marijuana used since the last test. This will be cause to remove the participant from the work release program.

By signing below I hereby request enrollment in the THC Screening Alternative Program. I also authorize the Whitman County Jail to deduct the 28-day THC Screening Alternative Program fee from my account during my participation in the alternative program. This fee will be charged on a weekly basis. My participation in the alternative program ends immediately after my urinalysis indicates a negative result for THC.

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Signature

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Date

## GPS Fee Agreement

As a participant in the Whitman County Jail work release program I will be required to carry Global Positioning Satellite (GPS) tracking equipment when out of the facility and safe guard it from damage and/or neglect.

By my signature below I hereby authorize the Whitman County Jail to deduct any outstanding GPS tracking fees from my inmate account. I also understand I am responsible for cost of repair or replacement of GPS tracking equipment damaged or lost by me. Any intentional damage to equipment will result in disciplinary action including the filing of criminal charges. I understand that I have access to an equipment replacement pricing schedule upon request.

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Signature

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Date

## Participation Fees

Work Release fee:	\$1.50 per hour while out of the building <sup>1</sup>
28-day urinalysis fee:	\$36.00 (billed on a weekly basis) <sup>1 2 3</sup>
THC Screening Alternative Program 28-day fee:	\$100.00 (billed on a weekly basis) <sup>1 2 3</sup>
Full-cost urinalysis fee:	\$15.00 for qualitative \$35.00 for quantitative
GPS Monitoring:	\$10.00 per working day <sup>1 2</sup>
Medical Co-Pay:	\$4.00 per visit

*Participation fee calculation example for a participant who works 8 hours a day with a 1 hour commute, 5 days a week:*

9 hours	X	5 days a week	=	45 hours per week
45 hours	X	\$1.50 per hour	=	\$67.50 weekly fee
5 days	X	\$10.00 GPS fees	=	\$50.00
Weekly billing of the Monthly urinalysis fee	=	\$9.00		
<b>Total Participation Fee for the Week</b>			=	<b>\$126.50</b>

<sup>1</sup>. This fee is only paid by participants who work a paying job.

<sup>2</sup>. This fee is only paid by participants who go to school or to treatment programs outside the jail.

<sup>3</sup>. Participants who voluntarily enroll in the THC Screen Alternative Program pay both the 28-day urinalysis fee and THC Screening Alternative Program 28-day fee.



## Program Rules

1. These rules are to be followed in conjunction with all other jail policies and regulations.
2. Participants must comply with any lawful order given by Corrections Officers or any law enforcement officer.
3. Participants must obey all federal, state, and local laws.
4. Participants assert they have read the entire inmate manual and completely understand all parts of the inmate manual. All rule violations are therefore done by a conscious choice and not due to ignorance.
5. Participants will have "model" behavior. Examples of model behavior include not talking back to an Officer, following lawful orders, quickly volunteering for work details, assisting in morning cleaning, not causing problems among other inmates, following jail rules, etc.
6. Participants must perform community service work details whether or not community service is part of their sentence.
7. Participants will not be allowed to communicate with another inmate while at work unless it is done as part of a bona fide job requirement.
8. Participants will not be allowed to drop off any property for another inmate.
9. Participants who want to work in the kitchen will be required to wear their own deck shoes.
10. Participants will keep their living area and work release locker clean and orderly.
11. Participants agree that they will submit, upon any Corrections Officers request, to a breathalyzer and/or a urine test.
12. Participants, upon request, must immediately provide a breath sample and, within one hour of a Corrections Officer request, provide a urine sample for alcohol and/or drug testing.
13. Failure or refusal to take the test will result in immediate removal from the work release program.
14. Any positive result on the breathalyzer or urine test will result in disqualification from the work release.
15. Participants with a dirty urine test will be charged a fee for the urinalysis.
16. Participants will abstain from the possession or use of any alcohol, drug, or non-prescribed medications.
17. Only medications prescribed or authorized by the jail physician and dispensed by a Corrections Officer or jail medical staff are authorized.
18. Any medication that may affect a participant's ability to safely work or operate a motor vehicle will preclude him from leaving the jail.
19. Participants will be responsible for any medical charges resulting from an accident or injury which are incurred while at work or school. To be part of the program participants or their employers must show proof of insurance equivalent to workman's compensation.
20. Participants understand that they will be strip searched each and every time they return to the jail.
21. Participants may be pat or strip searched at any time.
22. Participants will not smuggle contraband into the facility.
23. Participants will request Correction Officer approval prior to bringing any item into the jail.
24. Participants in the work release program will be immediately removed from the program upon a determination by the work release Sergeant that the participant has forged, counterfeited, reproduced, or misrepresented without authority any written material or verbal orders (e.g. overtime request, work hours, physician's note, etc.), or has presented the same to a Corrections Officer knowing such written or verbal orders or verification to be false.
25. Participants must immediately report to Corrections Officers any termination, suspension, or other change in the status of their employment, education, community service, or treatment programs. This includes changes to the hours, schedule, or location.
26. Participants who are "Inside Only" will be issued a grey uniform. This means they are not allowed outside of the jail or to the basement.
27. Participants who are "Inside Only" and are assigned a task which involves going outside of the jail or to the basement must inform the Officer

Whitman County Sheriff's Office Work Release Program

- that they are "Inside Only". After notification, participants shall follow the Officer's instructions.
28. Upon release, participants must proceed directly to their approved work, community service, school, or treatment sites, and at the time directed, return directly to the Jail.
  29. Participants must have prior approval from a Corrections Officer to deviate in any manner from the approved schedule, including going to any place other than the approved work, community service, school, or treatment sites. No side trips.
  30. Upon request of a Corrections Officer, participants must fully account for their activities during any authorized leave.
  31. Participants may not visit any residential, governmental, public, or private building or location unless required as part of the participant's employment, community service, school, or treatment.
  32. Participants will not go to taverns, lounges, bars, restaurants, or any other place where alcoholic beverages are sold by the drink.
  33. Participants will be checked on by phone and/or in person. Unauthorized deviation from your schedule will result in being terminated from the work release program.
  34. Participants may not have people visit their job, community service, school, or treatment site without prior approval.
  35. Participant meal breaks are not to exceed one hour.
  36. In the event of any delay in returning to the jail at approved times participants shall promptly notify the Whitman County Jail.
  37. Participants must report in at the work release entrance immediately upon return to the Whitman County Jail.
  38. Regardless of previously authorized leave, a participant must return to the Whitman County Jail within one hour of any request from a Corrections Officer to do so.
  39. Participants must have a valid driver's license, registration, proof of insurance, and written permission for use of the motor vehicle if the participant is not the registered owner before being allowed to drive.
  40. Participants must immediately report to Corrections Officers any change in the status of their driver's license, proof of insurance, vehicle registration, or vehicle license tabs.
  41. Participants will only drive if approved. At no time will the participant ride with another driver unless prior approval has been obtained.
  42. Participants shall follow all traffic laws.
  43. Participants may walk to a job, community service, school, or treatment sites in Colfax.
  44. Participants may not ride a bike or hitchhike.
  45. Participants with transportation problems shall contact the jail and abide by the instructions of the Corrections Officer.
  46. Participants must pay all fees one week in advance.
  47. Participants must keep up-to-date with all fees.
  48. Participants who are more than two weeks behind in payments of fees may be suspended from the work release program.
  49. Participants will not receive good time if they owe fees.
  50. Personal checks are not acceptable for payments.
  51. Participants will not incur any debts or financial obligations while participating in the work release program without the written permission of the work release Sergeant.
  52. Participants will not tamper with or damage electronic monitoring equipment.
  53. Any Participant found to have attempted to circumvent the electronic monitoring equipment's system safeguards will be deemed in violation.
  54. Repeated technical violations of the electronic monitoring equipment's system safeguards could result in ineligibility for continued participating in the work release program.

I understand these rules and that I agree to obey them. I understand that violation of these rules can result in prosecution on new charges, loss of good time, loss of privileges, notification to the court or probation officer, additional jail time, or other sanctions deemed appropriate for the offense. I further indicate by my signature all information provided in order to apply for and secure placement in the work release program is true, complete, and correct.

Inmate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Transportation Information

The Whitman County Jail needs to know what arrangements have you made for your transportation to and from work or school. Please note you will be given a reasonable amount of travel time.

If you are driving yourself complete *Section A*.

If you are getting a ride complete *Section B*.

If you are going to be walking complete *Section C*.

### Section A

If you will drive yourself, provide the following information:

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate: \_\_\_\_\_

Note: If the vehicle is registered to someone other than the participant a written permission slip must be submitted before the vehicle may be used by the participant. The registered owner must sign a letter stating the participant has permission to have possession and use the vehicle while the participant is in the work release program.

### Section B

In the space provided give the full name and date of birth of the driver(s) who will be transporting you.

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### Section C

Check this box if you plan on walking:

Note: Walking is only an option for appointments and work within the city limits of Colfax. If you plan on walking you must ensure you supply the necessary clothing to keep yourself protected from the elements.

I understand that I am responsible for providing my transportation to and from my place of work or schooling, to and from medical visits, and to and from any other appointment approved by a Corrections Officer. I hold Whitman County, the Whitman County Sheriff, the Whitman County Sheriff's Office and its employees harmless of liability for any incidents that may occur during such transportation and do so indicate by my signature below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## WHITMAN COUNTY SHERIFF'S OFFICE

411 N. Mill Street • COLFAX, WA 99111 • PHONE (509) 397-6266 • FAX (509) 397-2099

**BRETT J. MYERS, SHERIFF**

Dear Employer:

I would like to thank you for allowing your employee to take part in this alternative sentencing program and explain your part in the program. The work release program is administered by the Whitman County Sheriff's Office to allow offenders sentenced to jail time the ability to comply with the courts order while maintaining their employment. The work release program is not home detention. Participants live at the Whitman County Jail and are released only for work related purposes, community service, medical appointments, court appearances, etc.

As the employer, you play an important part in the verification of the employee's work hours. It is required that your employee provide a copy of his or her weekly timecard documenting the time he or she starts and ceases work for each working day. If your organization does not use a timecard, a generic timecard can be provided upon request. All timecards turned into the Whitman County Jail as verification of hours worked will require the signature of the employer.

It will be necessary for your employee to have consistent work hours and not have frequent schedule changes. An applicant or participant whose employment or working conditions lack consistent work hours, requires frequent schedule changes, or is employed on an "on-call" basis will be denied participation in the program. We do understand employees will occasionally need to work overtime on short notice, or may require schedule changes from time to time. In such cases, the Whitman County Jail must be notified prior to the change and with as much advance notice as possible. You can send scheduled changes back with your employee or fax them to the Whitman County Jail (509) 397-6637. All requests for overtime and schedule changes must be on company letterhead, signed by the employer. Again, please keep in mind that excessive schedule changes could result in denial of the employee's continued participation. Any request that would cause your employee to be out of the confines of the jail for more than 14 hours will be denied.

Your employee is also required to call and notify the Whitman County Jail of any change in their work location or on any occasion where they would need to leave the work site. This allows the Corrections Officers to perform required, unannounced jobsite visits of your employee. Failure to find your employee at their assigned work location could result in their removal from the program and your loss of the employee for the remainder of the participant's jail sentence.

Along with this letter, your employee should have provided you with three sheets from the Work Release Application Packet. Please complete these forms and have your employee return it with his or her application. If you have any further questions about the program please contact Sgt. Tom Fealy at Whitman County Jail at (509) 397-5590.

Tom Fealy, Sergeant  
Work Release Program Supervisor

## Employment Duties and Environment

Describe below your daily work activities. Provide as much detail as possible about your daily work routine:

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Describe below your working conditions and environment. Indicate if most of your work time is spent indoors or outdoors:

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The information provided by my employee is a true and accurate representation of his work activities, conditions, and environment. Employer signature: \_\_\_\_\_

## Employer Provided Information

Employee's Name: \_\_\_\_\_

Employee's Job Title: \_\_\_\_\_

Employee's Hire Date: \_\_\_\_\_ Current Wage: \$ \_\_\_\_\_ Per:  Hour,  Week,  Month,  Year,  \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Business License #: \_\_\_\_\_ UBI #: \_\_\_\_\_

State Tax # \_\_\_\_\_

or Contractors License #: \_\_\_\_\_

Employee Work Schedule: (Please indicate a.m. and p.m. on the start and end times)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time:							
End Time:							

Weekly copies of the employee's timecard signed by the employer will be required for verification. Attach copies of the two most recent pay stubs and work schedules for the same time period.

By my signature below, I indicate agreement to notify the Whitman County Jail of any of the following conditions in regards to the above named employee: absence from work, tardiness, deviation from work schedule, termination, lay off, or use of alcohol and/or drugs. I also understand that changes to the above schedule should be kept to a minimum. Any change to the employees schedule will be done in writing and be sent to the Whitman County Jail.

Employer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Whitman County Sheriff's Office Work Release Program

Please provide additional signatures for supervisory or scheduling personnel who are allowed to make changes to the employee's work schedule. Schedule changes not signed by those listed will not be honored. Additional signatures can be provided on the back of this form.

Authorized  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Position/Title: \_\_\_\_\_

Authorized  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Position/Title: \_\_\_\_\_

### Employer Agreement

(This page is to be filled out by employer)

I, \_\_\_\_\_, give the Whitman County Sheriff's Office or their designated agent permission to access the work release employee's work area in order to verify the work release inmate's work status. I have the authority to give this permission and it may be exercised whenever the work release inmate is scheduled to be working.

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date