DUNN COUNTY JAIL HUBER WORK RELEASE FORM

Inmate's Name:_____ Date of Birth: _____

Offense: _____ Case#_____

Occupation: _____

EMPLOYMENT INFORMATION

Employer: _____

_____ _____ _____ _____
Employer Address City State Zip Code

_____ _____ _____
Telephone Number Cell Phone Fax Number

Name of Supervisor: _____ Date of Employment _____

Rate of Pay: _____ Pay Day_____ How Often Paid:_____

Miles to Work: _____ Direct Deposit: _____ Yes _____ No

SCHEDULE

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							

** You must stay in the jail one day per week, please indicate which day

NOTE: If your employer has mandatory direct deposit, it needs to be verified in writing on company letterhead from your employer. Please provide this information when submitting your Huber packet. You will need to be current on your Huber bill at all times, unless your Huber fees are paid in full through your release date.

JAIL USE ONLY:
Information verified by: _____ Date: _____