

**NORTHWESTERN REGIONAL ADULT DETENTION CENTER  
COMMUNITY CORRECTIONS CENTER  
147 Fort Collier Road, Winchester, VA 22603  
(540) 665-6380 Ext. 2106  
FAX (540) 678-1339**

**EMPLOYER'S COMMUNITY WORK AGREEMENT**

1. Work Release Program participants are not representatives of any local, state, or federal government agency.
2. This agreement neither constitutes nor implies a contractual agreement between the Northwestern Regional Adult Detention Center and any employer hiring Work Release participants.
3. Work Release participant wages must be commensurate with those received by comparable workers. All wages earned must be paid. No deductions, other than payroll deductions required by law, may be withheld. Loans or advancement on wages are not permitted.
4. 100% of Work Release participant earnings, along with the paystub or timecard listing hours worked must be delivered or mailed to the Work Release Center: **147 Fort Collier Rd., Winchester, VA 22603** on each scheduled payday. Checks should be made out to the inmate for deposit on their jail account. Staff can require the employer to mail or deliver checks directly to the Work Release Center. Only court ordered garnishments are authorized to be deducted.
5. Employers are required to provide Work Release staff with a weekly work schedule and notify staff of any changes to the participant's scheduled work hours or job site location. Deviation from the work schedule is not authorized unless approved by Work Release staff. Overtime requests and schedule changes must be submitted in writing in advance.
6. Failure of a participant to perform his/her work duties in a satisfactory manner will be reported to Work Release staff. The employer will notify Work Release staff of any unusual occurrence, or in the event of any unauthorized absence or tardiness.
7. The employer's insurance and/or Workman's Compensation insurance shall cover the participant, as required by law.
8. In the event of a strike at the work site, participants will be offered the choice of continuing to work or of refusing to cross the picket line. Staff reserves the right to recall or prohibit participants from work sites where violence or other danger exists.
9. The use of narcotics, illegal drugs, or medications (including over-the-counter medication not prescribed or approved by the Detention Center medical staff) is prohibited. The consumption of alcoholic beverages by a participant is also prohibited.
10. Work Release participants must return to the Detention Center immediately upon the conclusion of scheduled work hours. Their travel to and from the work site is restricted to the route dictated by Work Release staff.
11. Work Release participants **MUST have preapproval to work out of state or travel across state lines. A twenty-four-hour notice is required for travel out of state or beyond a 50-mile radius** of the Community Corrections Center.
12. Participants are not authorized to drive or operate a company motor vehicle unless it required for employment and approved in advance by Detention Center staff.
13. If a participant is injured on the job, the employer must ensure appropriate medical care is provided as soon as possible. Detention Center staff should then be notified of any such injury or hospitalization as soon as practical.
14. The employer will allow Detention Center staff to conduct no-notice on-site job inspections to verify the participant's presence.
15. The employer will notify Work Release Center staff of any current federal contracts. If the employer enters a new federal contract during the participant's confinement, the employer will notify Work Release staff.
16. If the participant's employment is terminated for any reason, the employer will notify the Detention Center staff immediately.

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EMPLOYER'S COMMUNITY WORK AGREEMENT FOR WORK RELEASE PARTICIPANTS

I have read, understand, and agree to comply with the foregoing policies, procedures, and requirements. I understand that this agreement does not obligate me to employ any person and that any offer of employment to a Work Release participant is at my discretion and contingent upon the availability of a position.

\_\_\_\_\_

Manager's Printed Name    Manager's Signature    Date

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone # w/ Area Code: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Is Participant required to carry company cell phone?     Yes     No  
(If yes) Cell Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Jobsite** (if different from above) company name, address, phone number & \_\_\_\_\_  
supervisor's name: \_\_\_\_\_

**Transportation** (if provided by employer) include operator's name, cell \_\_\_\_\_  
phone number and vehicle description. \_\_\_\_\_

Position/Job Title: \_\_\_\_\_ Salary Rate: \$ \_\_\_\_\_

Pay Periods: \_\_\_\_\_ Day of Week Paid: \_\_\_\_\_

Method of Payment (**Select One**):     Paper Check     Pay Card   

Date of 1<sup>st</sup> Paycheck: \_\_\_\_\_    Current Federal Contracts:     Yes     No

**Is Uniform** Provided by Employer? (If no describe any requirements): \_\_\_\_\_

**To be completed by the Inmate and Jail Staff**

I, (Participant's Printed Name) \_\_\_\_\_ hereby authorize my employer to release to the Northwestern Regional Adult Detention Center (NRADC) any information pertaining to me including, but not limited to records of my time, attendance and pay while I am under the supervision of NRADC. I authorize my employer to release all of my earned wages to NRADC Staff during this same time period

\_\_\_\_\_

Participant's Signature    Date    CC Staff Signature