

## WORK RELEASE AGREEMENT

Inmate Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Charge(s) \_\_\_\_\_

Length of time to serve: \_\_\_\_\_

Date sentence must be served by (if applicable): \_\_\_\_\_

I have been granted permission to leave the Benton County Jail by the District Court of Iowa, for the purpose of work release with approval of the Benton County Sheriff or his designee.

The Court provides, by statute, that I shall abide by the rules and regulations of release as set out by the Sheriff of Benton County and hereby agree that I will lead an honorable life, obey the laws of the State of Iowa and that I will follow and carry out the following terms and conditions of this release.

1. Upon leaving the Benton County Jail, I will go directly to my place of employment.
2. I will return to the Benton County Jail immediately upon completion of my day's work and report to the Officer in charge of the Benton County Jail.
3. I will remain in such employment unless I have written consent of the Benton County Sheriff to change here from.
4. If my employment is terminated, I will immediately return to the Benton County Jail and notify the Jail Officer in charge.
5. I will not go beyond the territorial limits of Benton County without the consent of the Benton County Sheriff.
6. I will provide the Jail Officer in charge, each day, at what location in Benton County I can be located at any time I am outside of the Benton County Jail.
7. I will conduct myself honestly, avoid questionable associates, will not partake of any intoxicating liquors or drugs and will not stop at any building or dwelling, private or public travelling to or from my place of employment, or at any other time while outside of the Benton County Jail without prior approval from the Sheriff or his designee.
8. I understand and agree to pay the work release fee of **\$ 60.00 per day in advance** in seven-day increments before participating in work release time in the Benton County Jail.
9. I understand that while on work release, I may be subject to breath and / or urine tests for alcohol or drugs before beginning the work release program and at any other time deemed necessary by Jail Staff. Should I test positive or refuse testing, I understand that work release privileges will be revoked.
10. I understand that work release inmates will be placed on a GPS ankle bracelet to monitor inmate movement.
11. I understand that I am personally responsible for issued GPS equipment, liable for costs to replace broken, stolen, intentional or unintentional damage to the equipment in my

possession. I understand that I may be charged criminally for intentional damage to the monitoring equipment.

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Phone No. \_\_\_\_\_

Name of person to contact after normal business hours \_\_\_\_\_

\_\_\_\_\_

Address of person to contact after normal business hours \_\_\_\_\_

\_\_\_\_\_

Phone number of person to contact after normal business hours: \_\_\_\_\_

Proposed Work Schedule:

	Start	Finish
Sunday	_____	_____
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____

**MAXIMUM TIME OUT OF THE JAIL IS 12 HRS AND 5 DAYS A WEEK**

I understand and agree that this agreement will be in full force and effect for the duration of the time I am employed outside of the Benton County Jail. If any terms of this agreement are violated by me, I am subject to be immediately taken into custody by any peace officer or Probation Officer and returned to the Benton County Correctional Facility. I further understand that my privilege to leave the Benton County Jail under Court Order can be suspended for five days and the Sheriff can then request the Court to revoke said privileges. I have carefully read and do clearly understand the provisions and conditions of my work release agreement and I do hereby agree to abide by the rules and regulations of said agreement as herein above set forth and I do hereby accept all of said terms and conditions of my said work release agreement.

I agree to abide by the Benton County Jail's work release rules. Agreement must be signed before approval.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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

Witness Signature: \_\_\_\_\_

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APPROVAL

SHERIFF \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ APPROVED

\_\_\_\_\_ DENIED: \_\_\_\_\_