

**GREEN LAKE COUNTY CORRECTIONAL FACILITY
HUBER WORK/CS SCHEDULE**

Inmate's Name: _____ Today's Date: _____

Employer's/Organization's Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____ Phone #: (____) _____

This schedule must be completed by the inmates' employer/CS Organization. Please note that all fields must be filled in and must include the employer's/supervisor's signature at the bottom. If the inmate's work schedule does not change from week to week, you may check the box that indicates this (and will not need to fill in the dates on the schedule). If there are any changes to this schedule after it has been submitted, the employer/supervisor must send written notice of this (on company letterhead) with the inmate, or via fax to the jail.

MONDAY WORKSITE ADDRESS: _____

DATE: ___/___ START TIME: ___:___ AM PM END TIME: ___:___ AM PM

TUESDAY WORKSITE ADDRESS: _____

DATE: ___/___ START TIME: ___:___ AM PM END TIME: ___:___ AM PM

WEDNESDAY WORKSITE ADDRESS: _____

DATE: ___/___ START TIME: ___:___ AM PM END TIME: ___:___ AM PM

THURSDAY WORKSITE ADDRESS: _____

DATE: ___/___ START TIME: ___:___ AM PM END TIME: ___:___ AM PM

FRIDAY WORKSITE ADDRESS: _____

DATE: ___/___ START TIME: ___:___ AM PM END TIME: ___:___ AM PM

SATURDAY WORKSITE ADDRESS: _____

DATE: ___/___ START TIME: ___:___ AM PM END TIME: ___:___ AM PM

(NO WORK IS ALLOWED ON SUNDAY EXCEPT FOR INMATES THAT WORK IN FOOD SERVICE)

SUNDAY WORKSITE ADDRESS: _____

DATE: ___/___ START TIME: ___:___ AM PM END TIME: ___:___ AM PM

THIS SCHEDULE STAYS THE SAME EVERY WEEK

Inmate Employer's/Supervisor's Signature: _____