

**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 correctional facility. Schedule changes need to be received with 48-hour notice, in order to be reviewed by the Sargent or Jail Administrator for approval.

Employers may leave a voice message, reference to an inmate or schedule at 920-294-4059 ext. 2.

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 UNLESS APPROVED BY ADMINISTRATION)

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: _____

**Please fax schedule to:
920-294-4195**