WARDEN	700 Rishel Hill Road	**DEPUTY WARDEN**
EDWARD P DESABATO	Bellefonte, Pennsylvania 16823	JEFFERY HITE
	Telephone (814) 355-6868	TERRY MCCLELLAN
	Fax (814) 548-1150	

LETTER TO EMPLOYERS OF WORK RELEASE INMATES

Dear Employer,

Your employee, _____, has been granted the privilege of participating in the Work Release Program of the Centre County Correctional Facility (CCCF). We make every attempt to make the Work Release program uncomplicated for potential employers, but there are some ***important matters*** that need to be addressed and ***agreed to***. Please take a moment and familiarize yourself with the following items of importance.

Once you have done so, we ask that you sign in the appropriate space at the end of this letter, acknowledging that you have received and read this document. ***Keep the letter portion for your records and give the signed statement to your employee/inmate and have them return it to the Facility for our records.***

Item #1 - Attached are the terms and conditions of the Work Release Program that your employee has agreed to. If at any point the rules and regulations of this program are violated, we reserve the right to terminate his/her work release privileges. <u>Please note that *all* tobacco use is prohibited for work release inmates. They cannot consume or be in possession of any tobacco products while out in the community.</u>

Item #2 - Please notify us immediately if;
       a.)   Inmate does not report to work as scheduled.
       b.)   You observe a pattern of tardiness.
       c.)   You see any behavior that causes you concern, including violations in the terms and conditions.
       d.)   Inmate tells you he/she will not be in for work on any given day.

e.)   You are sending the inmate home early.
f.)   You need to keep the employee beyond his/her scheduled time.

If we need to hold an inmate in from work, we will make every effort to notify you in advance of the date and time.

Item #3 - We require that our work release inmates maintain a *set schedule*, as it is very difficult for us accommodate weekly changes in work hours and days, however, we recognize that periodically your labor needs may change. If this situation arises, **it is critical that any & all deviations you may make to your inmate/employee's work schedule be verified with the Work Release Coordinator or the Shift Commander if the Coordinator is not available**. Please do not leave a message for the Work Release Coordinator for a same day change. You must speak with the Coordinator or the Shift Commander directly to make a schedule change. Formal requests for schedule changes or alterations will only be accepted from the Inmate's Supervisor. The inmate *may not* directly request a schedule change.

Item #4 - In the event that the inmate is hurt or becomes ill while at work, we require that you call the Shift Commander on duty immediately at the following number: (814) 355-6794, extension "0" and ask for the Shift Commander.

Do not send the inmate to the hospital without prior authorization unless it is a life threatening emergency.

The following page contains a space for the employer's signature indicating receipt of this letter and acknowledgment of these items of concern. Please fill in the appropriate spaces and return to CCCF as soon as you can.

If you have any questions, concerns or need to contact us, we can be reached at (814)-355-6794. Ms. Brown's direct line is 814-548-1165.

We appreciate your cooperation.

Sincerely,
Lorinda Brown / Re-Entry Specialist

EMPLOYER AKNOWLEDGMENT OF WORK RELEASE LETTER

I have received the "Letter to Employers" from Centre County Correctional Facility regarding the employment of work release inmates. I have read the letter and agree to the requirements outlined within it. I will make all other supervisors / managers that may supervise this inmate aware of these requirements so that they may be informed and act accordingly.

(PRINT NAME)_____ (DATE   )_____

(SIGNATURE)_____

(TiTLE)_____

(NAME OF BUSINESS)_____

Name of Inmate Being Supervised;_____