

CHELAN COUNTY REGIONAL JUSTICE CENTER

WORK RELEASE / HOME MONITORING PROGRAM EMPLOYER'S AFFIDAVIT

Employee's Name _____ Business Owner _____
 Business Name _____ Applicant's Supervisor _____
 Business address _____ Additional Supervisor _____
 Business City _____ Additional Supervisor _____
 Business License # _____ Business Phone _____
 Shop Address _____ Job site _____

I am the employer (or am authorized to make this Affidavit on behalf of the employer) of the above named Work Release / Home Monitoring Applicant. This employee works for me as follows:

Applicant's Work Schedule	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Applicant Begins Work at this Time							
Applicant Ends Work at this Time							

I also understand that changes in the above schedule must be kept to an absolute minimum. Changes, if necessary, must not exceed the 16 hour maximum. (Call **667-6615**, if no one answers, leave a message. If the employee is on Work Release and the schedule change is being made after hours or on a weekend, call the **Jail at 667-6622**) I understand the participant is to be at his/her authorized work site only, and that any changes in that work site must be called in to the Work Release/Home Monitoring Staff.

I pay this employee by ___ Check ___ Cash / each ___ week ___ month ___ other _____

**** Note: Application cannot be processed without a rate of pay. RATE OF PAY IS: \$_____ .**

I agree to notify the Chelan County Jail Program Staff at 667-6615 of the following (regarding the Work Release/Home Monitoring Participant):

1. Absence from Work	5. Lay Off
2. Tardiness	6. Use of Alcohol / Drugs
3. Deviation from Work Schedule	7. Attempts to remove any home monitoring device.
4. Termination	8. Any other concerns or questions

Employer's Signature _____ Additional Supervisor _____

Date ____/____/____

**** FAX to 667-6620** Home Monitoring and Work Release Office
415 Washington St. Room 203 Wenatchee, Wa. 98801