

# Dubois County Community Corrections

257 Brucke Strasse - Jasper, IN 47546  
812-481-2440 812-634-2998 Fax  
Email: controlroom@duboiscountyin.org

## Work Schedule Verification

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for employing this person. Community Corrections needs the participant's current schedule at all times, submitted no later than end of business on the Thursday prior to the week's schedule. The participant will be held in the facility until the Control Room receives an updated copy of the work schedule. We request that any deviation from this work schedule be reported to the Control Room immediately, in written form, email, or fax with 24 hours advanced notice. Participants will notify the Control Room if they leave their jobsite for additional work-related duties.

Please check one of the three boxes below to indicate whether this is a **permanent** work schedule, an **adjustment to a permanent** schedule, or a **weekly schedule** that changes from week to week (due in by each Thursday).

Permanent Work Schedule       Adjustment to Permanent Schedule/weekends       Weekly Schedule

### Date and Times for Work:

**Note: If submitting a permanent schedule, no dates are necessary, only the month - and are due at the beginning of each month. Weekends are to be submitted separate from a weekly schedule**

Monday	Date: _____	Start Time: _____	End Time: _____
Tuesday	Date: _____	Start Time: _____	End Time: _____
Wednesday	Date: _____	Start Time: _____	End Time: _____
Thursday	Date: _____	Start Time: _____	End Time: _____
Friday	Date: _____	Start Time: _____	End Time: _____
Saturday	Date: _____	Start Time: _____	End Time: _____
Sunday	Date: _____	Start Time: _____	End Time: _____

If your establishment stores or sells alcoholic beverages, please assist Community Corrections in holding the participant accountable to remain alcohol-free while at the place of employment. Thank you.

Name of Employer or Business: \_\_\_\_\_

Address of Employer or Business: \_\_\_\_\_

Supervisors Name (please print): \_\_\_\_\_

Employer or Supervisors Signature: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**If you have any questions please contact the Control Room at 812-481-2440 ext.1**

***PLEASE CONTACT DUBOIS COUNTY COMMUNITY CORRECTIONS IF THE ABOVE EMPLOYEE IS ABSENT FROM WORK FOR ANY REASON.***