

Shelby County Division of Correction

WORK RELEASE EMPLOYER AGREEMENT FORM

I, _____ the undersigned Work Release
Participant's Name R & I #
employer, of my own free will do hereby agree to the following conditions:

1. To follow all the rules and regulations set forth by the Shelby County Division of Correction Work Release Program.
2. I will notify the Work Release Office when an employee on Work Release reports late, leaves early, or does not come in at all. In the event of job termination, I will NOT notify the employee directly, but will instead, notify the Work Release Office at 377-4531.
3. I understand that if a Work Release employee is injured on the job, I am required to take said employee for medical treatment and assume all medical liability and responsibility. Further, I will notify the Work Release Office as soon as possible after an on the job injury occurs.
4. I understand a Work Release employee cannot drive a vehicle at anytime, for any reason. Additionally, I understand a Work Release employee cannot leave Shelby County and must be supervised at all times.
5. I understand that I must pay the Work Release employee at least minimum wage and I will mail the Work Release employee's check in full, less federal withholding to the Work Release Office, Shelby County Division of Correction, 961 Sycamore View Rd., Memphis, Tennessee 38134.
6. I understand the Work Release employee is released solely for occupational purposes, therefore he/she must report directly to work and directly back when finished.
7. I further agree that I will make every effort to see that the Work Release employee follows all rules and regulations of the program. I will notify the Work Release Office immediately in the event a Work Release employee violates any of the rules.

I, the undersigned Work Release employer, of my own free will hereby agree to the following conditions:

8. I hereby agree to make all payroll checks payable to the work release inmate utilized/ employed by my business and the Shelby County Government Division of Corrections, this is to include the inmates last paycheck (please include the paystub). Please make all checks payable to the work release inmate employee and Shelby County Corrections (i.e., Pay to the Order of John Doe And Shelby County Corrections), and either mail or deliver to:

Work Release Office
Shelby County Division of Corrections
961 Sycamore View
Memphis, Tennessee 38134

ACKNOWLEDGEMENT

I have read or had read to me the above agreement and I will follow it to the best of my ability.
I have received a copy of the Work Release Rules and Procedures.

Work Release Employer's Signature

Job Title.

Date

Work Release Staff Signature

Date:

Time: