

Employment Verification Form

Inmates Name: _____ Date: _____

I request that the following employment be authorized for my Huber work release:

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TO BE FILLED OUT COMPLETELY BY EMPLOYER
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Business Name: _____ Phone #: _____

Owner of Business: _____

Work Supervisors Name: _____

W/C Insurance Carrier: _____ Policy#: _____

Job Title: _____ Job Location: _____

Next Pay Date: _____ Rate of Pay: _____

Pay Cycle (Circle one): Weekly / Bi-Weekly / Monthly / Other

Days of week employee will be working (Circle): M T W TH F S

Normal work hours: Start _____ End _____ / Flexible

- Attach Weekly Schedule (if available)
Attach Proof of Insurance (if available)
Attach proof of Liability Insurance (if self employed)
Attach proof of contracts/agreements (if self employed)

All information and Businesses WILL be verified.

I certify that all information provided on this form is true and accurate to the best of my knowledge. I will notify the Vilas County Jail of any change in status.

Employer Signature: _____ Date: _____

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FOR JAIL STAFF USE ONLY
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The above request for employment has been **approved / disapproved**.

Remarks: _____

Huber Officer Signature: _____ Date: _____