

**\* \* \* JASPER COUNTY JAIL WORK RELEASE FORM \* \* \***

08-2017

**(MUST BE FILLED IN BY SUPERVISOR OR DEPARTMENT HEAD)**

INMATE NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

ATTORNEY: \_\_\_\_\_

CHARGE(S): \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

SUPERVISOR'S TELEPHONE: \_\_\_\_\_

DATE INMATE WAS HIRED: \_\_\_\_\_

**WORK SCHEDULE – CAN BE ON A SEPERATE PAPER IF NEEDED:**

NOTE: Inmates cannot work over 12 hours including drive time to/from work and they can only work 6 days a week. Please mark your schedule accordingly.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This form must be signed and notarized by the department head or supervisor.**

Subscribed and sworn to before me a Notary Public in and for the State of Iowa this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Notary Public

**JAIL USE ONLY BELOW THIS LINE**

Drug Test: Date taken \_\_\_\_\_ Jailer who gave this test: \_\_\_\_\_

- Inmate passed drug test at this time.  
 Inmate did not pass drug test at this time. Positive for: \_\_\_\_\_

Drug Test #2: Date taken \_\_\_\_\_ Jailer who gave this test: \_\_\_\_\_

- Inmate passed drug test at this time.  
 Inmate did not pass drug test at this time. Positive for: \_\_\_\_\_

Supervisor who approved work release:  
\_\_\_\_\_

Shift leader who approved work release

Shift Leader: \_\_\_\_\_