

MARYLAND DIVISION OF CORRECTION
WORK RELEASE EMPLOYER AGREEMENT

Employer

Date

These guidelines are provided to you so that you and the work release participant's direct supervisor will thoroughly understand the rules governing the participant company, the participant, and the Division of Correction. If you have any questions or concerns, you should contact the participant's case management specialist, _____ at _____.

General

Work release participants should receive the same opportunities for work and advancement as your other employees. You must possess a business license if required by law, and necessary and appropriate insurance coverage.

Notification

You should notify the designated Division of Correction staff at the institution if the participant is late, absent, resigns, or leaves your place of business without authorization. The police are to be contacted immediately in the event of any violations of the law, then designated Division of Correction staff notified.

Termination

If termination becomes necessary, notify the case management specialist or supervisor prior to notifying the participant. The case management specialist shall contact you to secure the participant's final earnings or other payments. The participant signed an agreement authorizing the case management specialist to collect any funds due after termination from a job.

Wages

You shall pay the participant directly by check or money order. A statement shall be provided that indicates hours worked, gross pay, and all required deductions. You are required to pay time and one-half for overtime unless exempt in accordance with applicable law. You shall not give advances or lend money to participants. Time records must be available for review by the case management specialist in order to maintain the participant's accountability.

Transportation/Vehicle Use

Participants are not allowed to drive. With the approval of the Division of Correction, an employee of your organization with a valid driver's license is permitted to transport participants to and from work. Under no circumstances will the inmate be permitted to operate a licensed vehicle on a public road. Any travel you provide shall be the shortest route possible and shall not include any non-business related stops.

Worker's Compensation/Job Injuries

You are required to have Worker's Compensation Insurance. Your signature below certifies the company is covered by Worker's Compensation Insurance as required by law and this coverage will remain in effect while the participant is employed with your company.

Should the participant be injured on the job, you should transport him/her to the nearest medical facility for treatment and notify staff at the participant's institution. Your insurance carrier is liable for medical expenses in such cases. However, the Division of Correction shall provide transportation as necessary for any follow-up treatment required. The inmate shall also be seen by Division of Correction medical staff to ensure the inmate is receiving the proper care.

On-the-Job Rules

Work release participants ***may not***:

- be left unsupervised or make/receive personal telephone calls;
- receive on-the-job visits from friends or relatives;
- make unauthorized purchases or conduct personal business;
- leave the job site (including for lunch) without Division of Correction staff approval; or
- consume alcohol or any controlled dangerous substances.

Any violations of the work release rules shall be reported to the case management specialist or designated Division of Correction staff at the institution.

Overtime and Non-Scheduled Time

Overtime and non-scheduled hours or days shall be requested by calling designated Division of Correction staff at the institution. At this time any transportation arrangements should be determined and the institution notified of the manner in which the participant will return to the unit and, if applicable, the name of the company employee who will be providing transportation. A request for non-scheduled Saturday and/or Sunday work hours shall be submitted by _____ P.M. on Friday.

Disclosure of Criminal History

As a work release employer, you are entitled to know the inmate's current offense(s) and term of confinement. The following is information regarding the inmate's current term of confinement:

Inmate's Name: _____ DOC #: _____

Sentence: _____ from _____ Current Release Date: _____

Offense(s): _____

Additional Information: _____

By my signature below I acknowledge that I have read and understand the Employer Agreement.

Supervisor *Date*

Supervisor *Date*

Supervisor *Date*

Witness *Date*

Distribution:
Original – File
Copy – Each Supervisor