

MARYLAND DIVISION OF CORRECTION

WORK RELEASE EMPLOYMENT INVESTIGATION PLAN

Name: _____ DOC #: _____ Facility: _____

The plan shall permit the inmate to depart the institution during necessary and reasonable hours to engage in private or public employment. If, while released, the inmate willfully fails to return to the institution immediately after working hours, he or she may be charged with the crime of escape. In addition, the inmate is required to abide by all rules as stipulated on the Work Release Agreement form.

Section I:

Employer/Address: _____ Phone: _____

Contact Person: _____ Phone: _____

Type of Business: _____

Location, if other than above: _____ Phone: _____

Job Title: _____ Duties: _____

Rate of Pay: _____ Payday: _____

Schedule (Days and Hours): _____

Travel Time Allowance: _____

Worker's Comp: _____

Transportation (means, costs): _____

Section II:Placement Recommendation: Approval Yes No

Comments: _____

Case Management Specialist_____
Date**Section III:**Approval: Yes No Beginning date of employment: _____

Comments: _____

INMATE'S SIGNATURE_____
DATE_____
WARDEN/DESIGNEE

1. Turn over to the Division of Correction (DOC) my net work release earnings (wages, worker's compensation, bonuses, tips, vacation pay, gratuities, and training stipends) after mandatory deductions for taxes and the pay stub showing the hours worked. I understand the DOC will deduct from my net earnings the actual costs of my room, board, clothing, and transportation as well as court-ordered support, restitution, fines, and/or court costs; the balance of my earnings will be credited to my reserve or spending account and the unspent balance turned over to me upon my release from DOC or within 60 days after release;
2. Make payments from my account for court-ordered obligations for which the DOC is not authorized to withhold from my earnings;
3. Not open any banking or credit union accounts without permission of the Warden/facility administrator/designee;
4. Not represent myself as an agent, employee, or involuntary servant of the DOC while out of the institution;
5. Not receive visits, make or receive personal telephone calls (except to call the institution), conduct personal business, enter into civil contracts, or incur any indebtedness while in the community;
6. Carry my identification card at all times and present my identification card if questioned and/or arrested by any law enforcement official;
7. Not occupy a private vehicle at any time unless I have the permission of designated DOC staff. Under no circumstances will I be allowed to operate a licensed vehicle. I will not drive any non-licensed vehicle or equipment without prior authorization by my case management specialist or Warden as applicable;
8. Not use or possess alcoholic beverages, illegal substances, or contraband of any kind, and I will submit on demand to any test prescribed by the DOC or any law enforcement agency;
9. Immediately report to my supervisor, case management specialist, and the medical department any injury that occurs at my place of work;
10. Adhere to all laws;
11. Not hitchhike or use any unauthorized public transportation;
12. Report to work appropriately dressed and ready to work each scheduled workday unless I am excused from work by a DOC employee or unless I am sick and have reported to sick call;
13. Notify my employer, case management specialist, and the custody control office of the reason before my scheduled departure time from the unit if I am not reporting to work;
14. Not be absent from work due to family leave or for an institutional visit;
15. Travel to and from my worksite by the method and routes authorized by the case management department;
16. Ask my employer to contact the institution if I am requested to work overtime and to arrange transportation back to the institution (if applicable);
17. Inform my supervisor where I am at all times;
18. Conduct myself in a courteous, business-like manner at all times;
19. Not take part in strikes, strike-breaking, or demonstrations;
20. Not leave my place of employment without permission from designated DOC staff;
21. Call the institution immediately if I am fired, quit, or excused from work; or in the case of any emergency;
22. Not change or resign from my employment unless I receive permission from my assigned case management specialist; upon receipt of that permission, I will give my employer proper resignation notice of two weeks;
23. Strictly follow the reasonable instructions of my supervisor except when those instructions violate work release rules;
24. Abide by all terms and conditions of my work release plan;
25. Waive the right to contest extradition proceedings in the event I willfully fail to return to the place designated in my work release plan for my confinement and go instead into another state and am apprehended there as a Division of Correction escapee;
26. Authorize DOC staff to provide case record information to any work release employer who is considering hiring me or by whom I am currently employed; I also authorize employers to provide case record information to others when necessary for business or professional reasons;
27. Abide at all times by all rules specified in DOC policies and procedures;
28. Stipulate my participation in the work release program is a privilege, and is subject to case management review at any time;
29. Accrue a minimum balance of \$250.00 in my active account unless otherwise authorized by the Warden; and
30. Obey all other rules as stipulated: _____