

COLUMBIA COUNTY HUBER CENTER
403 JACKSON STREET – PORTAGE, WI 53901
PHONE (608) 742-6476 – FAX (608) 745-4809

ROGER BRANDNER, SHERIFF
GREGORY BISCH, CHIEF DEPUTY

HUBER INMATE EMPLOYMENT AGREEMENT FORM

EMPLOYING A HUBER INMATE INCURS SOME LEGAL RESPONSIBILITIES ON THE PART OF THE EMPLOYER AND INMATE. ALL PAYCHECKS ARE TO BE MADE OUT TO THE INMATE AND **MAILED BY THE EMPLOYER** DIRECTLY TO THE COLUMBIA COUNTY HUBER CENTER AT THE ABOVE ADDRESS. **DIRECT DEPOSIT MAY BE ALLOWED BUT HAS TO BE PREAPPROVED BY A JAIL SUPERVISOR IN WRITING.** EACH INMATE AND EMPLOYER IS REQUIRED TO SIGN THIS AGREEMENT BEFORE AN INMATE MAY BEGIN EMPLOYMENT.

INMATE NAME: _____ BOOKING DATE: _____
JOB TITLE: _____ LENGTH OF TIME EMPLOYED: _____ RELEASE DATE: _____

INMATE SECTION:

WORKING UNDER THE HUBER LAW, I AGREE TO HAVE MY PAYCHECKS **MAILED BY MY EMPLOYER** TO THE COLUMBIA COUNTY HUBER CENTER – **DIRECT DEPOSIT IS ONLY ALLOWED WITH ADVANCE WRITTEN APPROVAL OF A JAIL SUPERVISOR.** I WILL COMPLY WITH ALL RULES AND REGULATIONS OF THE HUBER WORK PROGRAM AS SET FORTH BY THE COLUMBIA COUNTY SHERIFF AND MY FAILURE TO FOLLOW THESE MAY RESULT IN SUSPENDED OR REVOKED WORK PRIVILEGES. I ALSO UNDERSTAND THAT MY EMPLOYER MAY BE CONTACTED BY COLUMBIA COUNTY SHERIFF’S STAFF FOR ANY VERIFICATION OR MONITORING REQUIRED AND I WILL COMPLY WITH ALL REQUESTS.

INMATE SIGNATURE: _____ DATE: _____

EMPLOYER SECTION:

COMPANY NAME: _____ CONTACT PERSON: _____
F.E.I.N. _____
COMPANY ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
COMPANY PHONE: _____ COMPANY/HR EMAIL ADDRESS _____
COMPANY FAX: _____
SUPERVISOR NAME: _____ SUPERVISOR PHONE: _____

WAGE: \$ _____ /HR HOURS PER WEEK: _____
PAY PERIOD (CIRCLE) WEEKLY / BI-WEEKLY / OTHER _____ FIRST PAY DATE: _____

WORK SCHEDULE INFORMATION: DAYS WORKING: _____ TIME _____
EMPLOYEE REPORTS TO WORK: _____ AM / PM HOURS WORKED PER DAY: _____ LUNCH BREAK: _____ MINS
WORKER COMPENSATION CARRIER: _____
WORKER’S COMP INSURANCE CO PHONE NUMBER: _____

AS AN AUTHORIZED REPRESENTATIVE OF THE ABOVE MENTIONED BUSINESS, I AGREE TO MAIL EACH HUBER INMATE PAYCHECK DIRECTLY TO THE COLUMBIA COUNTY HUBER CENTER. I ALSO UNDERSTAND THAT I MAY BE CONTACTED BY THE HUBER CENTER FOR ADDITIONAL INFORMATION OF FOR THE PURPOSE OF INMATE MONITORING. I WILL COMPLY WITH ANY REQUEST OF THE COLUMBIA COUNTY JAIL STAFF. HUBER RULES ARE AVAILABLE ON THE SHERIFF’S PORTION OF THE COUNTIES WEBSITE AT WWW.CO.COLUMBIA.WI.US

SIGNED: _____ DATE: _____