

OKLAHOMA DEPARTMENT OF CORRECTIONS WORK RELEASE RULES AND CONDITIONS

I understand that work release is a privilege. By my signature I understand and agree to the following rules and conditions and that as indicated below my identification documents have been returned to me. I understand that I remain in the custody of the Department of Corrections and that I can be removed from the Work Release Program as a routine classification action by facility staff due to, but not limited to, misconduct or program failure.

1. I will only utilize transportation that has been approved by my case manager. I also understand that family members, employers, employees or volunteers, once approved, may transport me to my approved job site.
2. I will not stop any place en route to job search/work or on return unless approved in advance and with an approved itinerary.
3. Upon being offered employment I will advise the employer that I am incarcerated and obtain a written signature verifying notification. I will provide written verification of such notice to my case manager the same day.
4. I will not receive personal visitors at my job or make or receive personal phone calls.
5. I understand that if I fail to comply with directives pertaining to my health care from the medical unit, I may be removed from the work release program.
6. If I fail to go to work, I will notify security staff/control office, my case manager and my employer.
7. I will not lay in from work to speak to my case manager or other staff unless they have arranged for my lay-in.
8. I will not leave my job site for any reason, including lunch with my supervisor, unless approved by my case manager in advance.
9. I will not receive cash payments, advances or use payroll deductions. Child support or job related expenses such as uniform, work boots, etc., may be deducted, but must be listed. Food/drinks/merchandise are not authorized deductions.
10. I understand that at no time am I approved to have a paycheck in my possession and agree to allow my employer to mail my check directly to the host district business manager's office.

If box is checked, the administrative manager (contract facility only)/facility staff (state) have authorized the offender to be in possession of paychecks.

11. I will not directly supervise other offenders for any reason.
12. I agree to pay all applicable program support fees.
13. I will not work for an amount less than minimum wage.
14. I will not work for commission or end of contract payment (i.e., completion of job).
15. While assigned to work release and employed, I will be assessed a co-pay of \$25 per emergency room visit if the emergency room visit does not result in hospital admission.
16. You will not at any time operate any vehicle that is street legal for the transportation of people or equipment. Prohibited vehicle operation includes, but is not limited to, cars, pickups, vans, trucks, motorcycles, or watercraft.
17. Identification Documents (Initial all provided to offender): ___driver's license ___birth certificate ___state identification card ___social security card ___notarized copy of CRC
Other: _____

Offender Signature

DOC#

Date

Witness

(R 3/16)