



ALASKA DEPARTMENT OF CORRECTIONS

HOUSE ARREST

ELECTRONIC MONITORING

WORK RELEASE FORM

Offender's Name: _____

Date signed: _____

During the course of the House Arrest Program (HAP), we would require you, the employer, to contact HAP Officers should any of the following occur:

1. The employee does not report to work.
2. The employee is late for work or is released from work prior to his/her normal quitting time.
3. The employee is terminated from his/her job.
4. The employee's work hours are modified.
5. The employee leaves his/her place of employment during the workday.
6. The employee consumes any alcoholic beverages or drugs during the workday.
7. Any other unusual circumstances which may occur.

OCCUPATIONS THAT REQUIRE UNPREDICATBLE TRAVEL AND/OR TRAVEL OUTSIDE THE AREA COVERED BY THE LOCAL EM OFFICE MAY NOT BE APPROVED FOR WORK RELEASE.

If the employee is required to work on a major holiday, the employer should notify the House Arrest Program by a company letter or by signed fax 3 working days prior to the holiday.

THE EMPLOYEE IS ONLY ALLOWED TO WORK A MAXIMUM OF 12 HOURS PER DAY, SIX DAYS A WEEK. ON THE EMPLOYER'S LETTERHEAD, LIST THE EMPLOYEE'S WORK SCHEDULE, INCLUDING HOURS AND DAYS TO BE WORKED. EXCEPTIONS TO THE WORK RULES MAY ONLY BE MADE BY HOUSE ARREST PROGRAM OFFICERS. A NOTICE OF 5 WORKING DAYS IS REQUIRED FOR ANY SCHEDULE CHANGE.

The House Arrest Program officers may make random checks in person or with a drive-by scanner to confirm the employee's presence at work. Violation of work release may result in a loss of work privileges and/or incarceration at the nearest correctional center.

The House Arrest Program officers may be contacted at the following number : (907)_____. If you are willing to accept these terms as to (offender) _____, please sign and return it to the House Arrest Program. You make keep a copy for your records. No person may be granted a work release without this agreement signed by the employer.

Signature of Supervisor

Telephone Number

Hours you may be contacted

Name of Supervisor (Please Print)

Name of Company/Business

Business Address

Scheduled hours

	MON	TUE	WED	THUR	FRI	SAT	SUN	
START								
END								

FAX # _____