



Green Lake County Correctional Facility

571 County Highway A, Green Lake WI 54941 (920) 294-4059 Fax (920) 294-4191

January 15, 2021

Employer Address

RE: Huber Inmate

The above employee is currently serving a sentence on Electronic Monitoring Program (EMP) for Green Lake County Correctional Facility with Huber privileges, due to the COVID19 precautions, by reducing entry into the facility.

This letters serves as notice to the employer of the documentation requirements and includes a portion of the Huber rules for your reference.

Paychecks and Timesheets

Paycheck stubs and/or timesheets are required to be submitted for verification of wages and work schedules. These documents assists us in reconciling the submitted work schedule, with hours worked and time away from the facility in order to ensure employee compliance with the Huber/EMP programs.

The Huber employee is primarily responsible for making sure the documentation is received. This information may be faxed to 920-294-4195 or emailed to the contacts below.

Huber employees need to remain current on Huber/EMP fees. While at work, Huber employees are prohibited from having contact (i.e. phone calls, visits) with friends and family. If an employer witnesses non-compliance, please contact the correctional facility.

Finally, Huber inmates are required to submit a work schedule each week that is signed by their supervisor. A blank schedule is included on the last page of this packet. Schedule changes require 48-hour notice.

Sincerely,

Joseph Stigen

Corrections Sergeant

jstigen@co.green-lake.wi.us

Contact Information:

Lori Leahy

Corrections Administrator

lleahy@co.green-lake.wi.us

GREEN LAKE COUNTY CORRECTIONAL FACILITY

HUBER INFORMATION FOR EMPLOYERS

INTRODUCTION

This packet includes detailed information on the Huber policy for Green Lake County Correctional Facility. The below sections are excerpts from the Huber Check-in Packet. Please remember that Huber law is a privilege, not a right. Abuse of that privilege may result in its loss. If you have any questions that this packet cannot answer, please call the Green Lake County Correctional Facility at 920-294-4059.

EXPECTATIONS

Work Schedules:

If you are a working Huber, you will be required to submit a weekly work schedule. Please have your employer/supervisor fill out the schedule provided in this packet. If your schedule/work hours vary from week to week, your employer/supervisor will need to fill out a schedule every week. Be advised that the jail **MUST** have a completed work schedule for you, or you will not be allowed to leave for work. There will be **NO EXCEPTIONS** to this rule. Your work schedule must include every location that you will be working at for every work day.

You must have full-time employment and work a minimum of 32 hours per week and no more than 60 hours per week. You may not work for more than one employer. You will not be allowed to work the following holidays, unless pre-approved by Corrections Administration (this must be requested in writing):

LABOR DAY, THANKSGIVING DAY, NEW YEARS DAY, CHRISTMAS DAY, EASTER SUNDAY,
MEMORIAL DAY, INDEPENDENCE DAY

Your work schedule must meet one of the follow:

- If your work shift does not require you to be outside the facility for more than twelve (12) hours per day (including travel time), you will be permitted to work no more than six days per week. You will not be allowed to work more than six consecutive days in a row, so you must sit in one day each week.
- If you are required to work 12 hour shifts, which would require that you would be outside the facility for more than twelve (12) hours per day (including travel time), you will be permitted to work no more than five days per week. You will not be allowed to work more than five consecutive days in a row, so you must sit in two days each week.

Huber Fees:

If you are a working Huber, you will be charged Huber fees starting on the date that you begin your sentence (unless you check in after dinner is served). It is a weekly fee; however, it will show up on your account as a daily deduction. You will be charged everyday regardless if you are working that day or not. You will also be charged the day that you are released. Please take this into account when you are keeping track of your balance.

If the employer only offers payment by debit pay-card or direct deposit, it is your responsibility to receive prior approval for a bank stop to obtain funds. You will be responsible for making sure your Huber fees are paid/current. If your balance becomes negative, you may receive a notice advising that if fees are not paid by the indicated date, you will not be released for work until payment is received.

Either you or your employer must submit timesheets or paycheck stubs as verification of hours worked for every pay period.

Work Release:

Once it has been determined that all of the requirements have been met for you to begin work, your release time(s) will be demined by corrections staff (you will be allowed ample time for travel to and from work as long as your twelve hours is not exceeded). You will be advised of these release times. We will release inmates for work every half hour. You must be ready at your assigned release time; otherwise you will be required to wait until the next release time.

While on work release:

- you must report directly to and from work with the exception of occasional stops for gas (this must be approved by Corrections Staff prior to stopping for gas).
- you are not allowed to have any unauthorized contact with family or friends (this includes in person and/or via telephone).
- you may not consume any alcoholic beverages, unauthorized medications, drugs or any other controlled substance.
- you may be asked to submit to an alcohol/drug test (refusal to submit to these tests may result in revocation of Huber privileges).
- any positive drug test (for any unauthorized drug), will result in Huber revocation and you will be required to pay the cost of the drug test.
- any positive alcohol test shall result in an immediate five (working) day lockdown for the first offense, subsequent alcohol offenses will result in Huber revocation.
- you must report any police contact immediately upon returning to the facility.
- you may be checked on by Correctional Facility staff/other law enforcement agency.
- if you are asked to come to the phone or present yourself at your workplace, you must do so promptly (failure to do so may result in revocation of Huber privileges).

**GREEN LAKE COUNTY CORRECTIONAL FACILITY
HUBER WORK/CS SCHEDULE**

Inmate's Name: _____ Today's Date: _____

Employer's/Organization's Name: _____

Company Address: _____

City: _____ State: ____ Zip: _____ Phone #: (____) _____

This schedule must be completed by the inmates' employer/CS Organization. Please note that all fields must be filled in and must include the employer's/supervisor's signature at the bottom. If the inmate's work schedule does not change from week to week, you may check the box that indicates this (and will not need to fill in the dates on the schedule). If there are any changes to this schedule after it has been submitted, the employer/supervisor must send written notice of this (on company letterhead) with the inmate, or via fax to the correctional facility. Schedule changes need to be received with 48-hour notice, in order to be reviewed by the Sargent or Jail Administrator for approval.

Employers may leave a voice message, reference to an inmate or schedule at 920-294-4059 ext. 2.

MONDAY WORKSITE ADDRESS: _____

DATE: ___/___ START TIME: ____:____ AM PM END TIME: ____:____ AM PM

TUESDAY WORKSITE ADDRESS: _____

DATE: ___/___ START TIME: ____:____ AM PM END TIME: ____:____ AM PM

WEDNESDAY WORKSITE ADDRESS: _____

DATE: ___/___ START TIME: ____:____ AM PM END TIME: ____:____ AM PM

THURSDAY WORKSITE ADDRESS: _____

DATE: ___/___ START TIME: ____:____ AM PM END TIME: ____:____ AM PM

FRIDAY WORKSITE ADDRESS: _____

DATE: ___/___ START TIME: ____:____ AM PM END TIME: ____:____ AM PM

SATURDAY WORKSITE ADDRESS: _____

DATE: ___/___ START TIME: ____:____ AM PM END TIME: ____:____ AM PM

(NO WORK IS ALLOWED ON SUNDAY UNLESS APPROVED BY ADMINISTRATION)

SUNDAY WORKSITE ADDRESS: _____

DATE: ___/___ START TIME: ____:____ AM PM END TIME: ____:____ AM PM

THIS SCHEDULE STAYS THE SAME EVERY WEEK

Inmate Employer's/Supervisor's Signature: _____

**Please fax schedule to:
920-294-4195**