GREEN LAKE COUNTY CORRECTIONAL FACILITY

HUBER & EMP CHECK IN PACKET

Green Lake County Sheriff's Office 571 County Road A Green Lake, WI 54941

> (920) 294-4059 (920) 294-4191 Fax



Sheriff – Mark Podoll Corrections Administrator – Lori Leahy Corrections Sergeants Samantha Koscher, Kevin Blank, Jennifer Walker

INTRODUCTION

All sentenced inmates with Huber privileges must also apply and qualify for the Electronic Monitoring Program in order to exercise Huber privileges at the Green Lake County Correctional Facility.

Anyone interested in working while serving a jail sentence will need to submit an EMP application and the required Huber information to a Corrections Sergeant for review.

If you have been sentenced to jail with Huber privileges, you will be required to set up your jail time promptly after your sentencing hearing. Once a date has been assigned, you will be required to report on or before that date as directed by the Corrections Sergeants. (report dates cannot be canceled/rescheduled). Failure to report to jail is a criminal offense and may result in additional jail time if charged and convicted.

On your report date, please report on time to the Green Lake County Correctional Facility lobby. If you have a vehicle, park it in the lot on the east side of the building by the Huber Entrance near the cement wall. You will be drug and alcohol tested upon arrival. Any positive tests will result in loss of work privileges.

Please note that if your sentence is an OWI charge, you will be required to serve the first 48 hours in jail, without Huber Privileges.

Please be aware, participation in the Huber and Electronic Monitoring Program is a privilege, not a right. The Green Lake County Correctional Facility has established eligibility requirements and rules for participation in the Huber/EMP Program. Inmates must meet all eligibility requirements and abide by all rules in order to participate in the Program.

This packet will give you detailed information on what you will need to report with, and what will be expected of you while serving your sentence.

If you have any questions that this packet cannot answer, please call the Green Lake County Correctional Facility at 920-294-4059 #2 and ask to speak to a Huber/ EMP Corrections Sergeants: Samantha Koscher, Kevin Blank, or Jennifer Walker.

HUBER/EMP CHECK LIST

To ensure that you will be able to begin work right away, please make sure you have completed the following before your check-in date. Failure to complete any of the following will result in you not being allowed out to work.

EMP/Huber Packet Acknowledgement Form-Signed	
☐ EMP Application completed/ signed	
Letter from your employer detailing you job duties, supervisor, and length of employment	nt
(must be on company letterhead and signed by your supervisor or HR manager)	
Completed Work Schedule signed by your supervisor (see page 7)	
Completed Appointments/Stops Schedule / signed	
Proof of valid Drivers License (from you or the person who is driving you)	
Proof of vehicle insurance-liability (on the vehicle that you will be driving/riding in)	

CHECK-IN REQUIREMENTS

You must complete the following as part of the application and check in process:

- Read through this packet and become familiar with what will be expected of you
 while serving your sentence and sign the Huber/EMP Packet Acknowledgement
 sheet. Call to clarify any questions that you may have.
- Talk to your employer about your jail sentence; explain to him/her what is expected
 of you while serving your sentence. Give them the blank Huber work schedule and
 advise them that they will need to fill it out and sign the bottom.
 - o If you are serving a sentence on an OWI charge, you will need to remain in the facility for the first 48 hours before being allowed out for Huber privileges. Ensure that you plan accordingly for this.
- Find a dependable person with a valid driver's license to drive you to and from work. You will need to provide a photocopy of their driver's license and a photocopy of a current insurance card/statement as proof that the vehicle is insured (liability insurance).
- You will be required to pay your first 2 week's Huber/EMP fees, a drug test fee, a EMP Hook up fee as well as the cost of an admissions kit (OWI convictions) see fee schedule for more information. You will need to have this amount of cash with you when you check in,
- You will be required to submit to a drug test. You will be charged for this initial test. If the test is positive for any unauthorized drug(s), you will not be released for work until you can provide a negative drug test. You must wait one week in between tests. After one week, you may submit a written request advising that you wish to be retested. You will be charged for the subsequent drug test. Please note that some drugs can stay in your system for 30 days or longer.

- You will be required to report completely sober. Upon reporting, you may be required to submit to an alcohol test. If the Intoximeter reports that there is any alcohol in your system, you will not be eligible for work release for one week.
- You will be required to provide documentation from your physician that you have had a TB (Tuberculosis) Skin Test within six (6) months prior to your check in date. If you have not had a recent test, **you will need to schedule an appointment with your physician** (or Green Lake Human Services) to have this done. If you do not have this done prior to checking in, this can be administered by our facility nurse, but you will not be eligible for work release until it is completed (could take up to a week or more, depending on the day you check in).
- You will not be allowed to use any prescription medications outside of the Correctional Facility unless they have been authorized by our facility medical staff. All medication must be a current prescription, prescribed to you, and must be in the original prescription bottle. Please refer to the Prescription Medication Sheet in this packet for additional information on prescription medications.

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 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 Administrator (this must be requested in writing at least 1 week prior to holiday):

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 of your residence 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 6 consecutive days in a row, so you must remain at your residence one day each week.
- If you are required to work 12 hour shifts, which would require that you would be outside of your residence for more than twelve (12) hours per day (including travel time), you will be permitted to work no more than 5 days per week. You will not be allowed to work more than 5 consecutive days in a row, so you must remain at your residence 2 days each week.

• Non-emergency schedule changes must be submitted, in writing, at least 48 hours in advance for approval. Schedule changes not received at least 48 hours prior to the event will **NOT** be approved.

Self-Employment:

If you are self employed, you MUST complete a **Request for Self Employment Form**. This form must be completed and turned in prior to your check-in date in order for you to begin work upon sentence check-in. If do not complete this form, in addition to the other requirements, you will not be allowed out for work.

While self-employed, minimum wage must be earned for every hour worked. You will not be allowed to work for another inmate or employ another inmate. You must follow the same work schedule requirements; however, you will be allowed to fill out your own schedule. Self employed inmates will not be allowed to work holidays.

In addition to a completed work schedule, you must be able to provide proof of work (invoices, bids, ect) weekly for your work locations and receipts for work completed. You will be required to submit proof of payment for all work completed.

Self employed inmates are required to show a self-employment work history and a minimum of 5 previous employer contracts within the last 6 months, unless the contracts are long term, prior to being considered for EMP.

Self Employed inmates will be required to show current invoices and/or job bids along with records and receipts.

Self-employed inmates will be required to provide the Green Lake County Correctional Facility with proof of injury/accident insurance with a deductible of not more that \$1,000. An application will not suffice. Proof of coverage is required.

Please be aware all self-employment is subject to review and approval by Corrections Administration.

What to bring with you when you check in:

In addition to the required items, you may bring prescribed medications in original bottles, dentures and denture case, prescription glasses and/or contact lenses and case (no solutions).

EMP/Huber Fees:

If you are a working Huber participating in the EMP Program, you will be charged EMP 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 (see fee schedule). 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.

You will be responsible for making sure your Huber/EMP fees are paid/current. You will be required to keep a minimum of 1 weeks worth of fees on your account at all times, until the last week of your sentence. If your balance drops below the specified amount, you will receive a notice advising that if fees are not paid by the indicated date, you will be required to report back to the Jail for the remainder of your sentence.

Either you or your employer must submit timesheets or paycheck stubs as verification of hours worked for every pay period. Providing both is recommended and may be requested.

You will not be permitted to increase any payroll deductions during your time of incarceration unless first approved by the corrections administrator. There will be no cash advances to any inmates from employers.

Please be aware all jail debt must be paid in full prior to being considered for EMP. You will also be required to pay all court fees and/or have a payment plan set up with the Clerk of Courts prior to beginning EMP. It is your responsibility to ensure all court fees are paid on time. Failure to do so may result in you being returned to the Facility for your sentence.

Child Care:

If you have been granted Huber for the purpose of child care, you must meet the following criteria before being approved to exercise this privilege. You must be the mother/father or legal guardian of the child/children that you will be caring for and provide your child/children's birth certificate. You must live in Green Lake County and there must be a need for child care. You will be required to provide a weekly work schedule from your spouse/significant other's employer. While performing child care duties, there will be no other adult(s) allowed at the residence. By State Statute child care is considered self employment, thus the same weekly Huber fees apply.

While on EMP:

- you must report directly to and from work with the exception of occasional stops for gas or groceries (requests for gas stops must be made, in writing, a minimum of 48 hours in advanced and only when approved by a Corrections Sergeant)
- 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 and/or removal from EMP program)
- any positive alcohol or drug test (for any unauthorized drug/medication), may result in Huber revocation and you will be required to pay the cost of the drug test.
- you must report any police contact immediately to the Corrections Sergeant.
- 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 a petition to the Courts for revocation of Huber privileges)

Appointments/Stops Schedule:

While on EMP you are required to be at your residence at all times, unless approved for work and scheduled appointments. Any stops or requests to attend scheduled appointments must be submitted on an Appointments/Stops Schedule. You must submit proof of the appointment along with the Appointments/Stops Schedule to a Program Director. The Program Director has the final decision on whether the appointment is approved. Please be aware some appointments may be denied if the matter can be resolved once your sentence is complete.

Banking:

If you have direct deposit and need to make a bank stop to obtain money for Huber/EMP fees, you may do once a week. You must submit an Appointment/Stops Schedule detailing the address, date and time of the bank stop. The bank stop must be submitted a minimum of 48 hours in advanced for review and approval. The bank must be on your way to/from work (or in the general vicinity thereof). You will be required to submit a bank receipt at your weekly check in date.

Medical/Dental Appointments:

If you are a working Huber participating in the EMP program, you will be responsible for scheduling your own medical/dental appointments and providing your own prescription medications. These appointments must be submitted on an Appointments/Stops Schedule for review by the Program Director. All non-emergency medical appointments must be submitted on an Appointments/Stops Schedule, a minimum of 48 hrs in advanced, for confirmation and approval by the Program Director. Any medical expenses incurred while incarcerated will be your responsibility to pay. The Program Director has the final decision on whether the appointment is approved. Please be aware some appointments may be denied if the matter can be resolved once your sentence is complete.

Huber Transfers:

If you want to serve your sentence in another county OR want to serve an out of county sentence in Green Lake County, a Huber transfer request must be submitted. Please indicate in your application if you are requesting a Huber transfer. For those wanting to serve an out of county sentence in Green Lake County, the county of conviction will be required to submit a Huber transfer request on your behalf. You will need to contact the Jail in the county of your conviction to begin the process. Please be aware, we will not accept Huber transfers from another county if that individual has open cases.

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

			Today's	s Date:		
Employer's/Organization's Na	me:					_
Company Address:						-
City:	State:	Zip:	Phone	#: ()	
This schedule must be completed include the employer's/supervisor week to week, you may check the there are any changes to this schedof this (on company letterhead) wireceived with 48-hour notice, in or Employers may leave a voice me	s signature at the box that indicate the lule after it has be the the inmate, or the review	e bottom. If the es this (and will een submitted, via fax to the c ed by the Serge	e inmate's wor not need to fil the employer/s orrectional fac- ant or Jail Ada	k schedu l in the c supervisc cility. <u>Sc</u> ministrat	ale does not change dates on the schedu or must send writte thedule changes ne tor for approval.	e from ale). I en noti
MONDAY WORKSITE AI	DDRESS:					
DATE:/ START TIM	E::]AM □PM EN	ND TIME:	:	_ □AM □PM	
TUESDAY WORKSITE AI	DDRESS:					
DATE:/ START TIM	E::]AM □PM EN	ND TIME:	:	_ □AM □PM	
WEDNESDAY WORKSITE AI	DDRESS:					
DATE:/ START TIM	E:: □]AM □PM EN	ND TIME:	:	_ □АМ □РМ	
THURSDAY WORKSITE AI	DDRESS:					
DATE:/ START TIM	E:: □]AM □PM EN	ND TIME:	:	_ □АМ □РМ	
FRIDAY WORKSITE AI	DDRESS:					
DATE:/ START TIM	E:: □]AM □PM EN	ND TIME:	:	_ □АМ □РМ	
SATURDAY WORKSITE AI	DDRESS:					
DATE:/ START TIM	E:: □]AM □PM EN	ND TIME:	_:	_ □АМ □РМ	
(NO WORK IS A	ALLOWED ON SUN	IDAY UNLESS AI	PPROVED BY A	OMINIST	RATION)	
SUNDAY WORKSITE AI	DDRESS:					

to: 920-294-4191

GREEN LAKE COUNTY CORRECTIONAL FACILITY HUBER APPOINTMENT/STOPS SCHEDULE

Inmate's Name:	Today's Date:
Address:	
City: S	tate: Zip: Phone #: ()
Please note that all fields must be filled in a appointments/stops schedule does not chan will not need to fill in the dates on the sche submitted, the inmate must submit written	mates documenting any appointments or stops needed during the week. and must include the inmates signature at the bottom. If the inmate's ge from week to week, you may check the box that indicates this (and dule). If there are any changes to this schedule after it has been notice of this to the Sergeant. Schedule changes need to be received with the Sergeant or Jail Administrator for approval.
MONDAY ADDRESS:	REASON:
DATE:/ START TIME::	□AM □PM END TIME:: □AM □PM
TUESDAY ADDRESS:	REASON:
DATE:/ START TIME::	□AM □PM END TIME:: □AM □PM
WEDNESDAY ADDRESS:	REASON:
DATE:/ START TIME::	□AM □PM END TIME:: □AM □PM
THURSDAY ADDRESS:	REASON:
DATE:/ START TIME::	□AM □PM END TIME: : □AM □PM
FRIDAY ADDRESS:	REASON
DATE:/ START TIME::	□AM □PM END TIME:: □AM □PM
SATURDAY ADDRESS:	REASON:
	□AM □PM END TIME:: □AM □PM
_	ALLOWED ON SUNDAY UNLESS APPROVED BY ADMINISTRATION)
☐ THIS SCHEDULE STAYS THE SA	ME EVERY WEEK
Inmate Signature:	
Copy to: Huber Work Schedule Binder	

GREEN LAKE COUNTY CORRECTIONAL FACILITY

REQUEST FOR SELF EMPLOYMENT

Inmates Name:	Date:
I would like to request to be released from the Green Lake The following information is provided: Business Name:	
Business Location:	
Type of Business:	
	H F S SU
Hours you normally work: Start	Finish
Do you have Business Liability Insurance? Yes You must have your insurance agency provide a certificate of liability insurance to the Green Lake County Correctional Facility.	☐ No You are not eligible for Self Employment Huber.
Do you have a Business Checking Account?	
Yes You must provide a blank deposit slip from the	No You must provide invoices from the past 5 jobs and a
account.	business ledger for the last 3 months
Do you have Tax ID Numbers? Yes Federal #:	☐ No This may disqualify your self-employment application.
State #:	
Sellers Permit #:	
Do you have Employees? Yes 1. You must have your insurance agency provide a certificate of Workman's Compensation insurance to the Green Lake County Correctional Facility.	☐ No No requirements.
Yes 1. You must have your insurance agency provide a certificate of Workman's Compensation insurance to	
Yes 1. You must have your insurance agency provide a certificate of Workman's Compensation insurance to the Green Lake County Correctional Facility. 2. You must have an Unemployment Account with the	
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Yes 1. You must have your insurance agency provide a certificate of Workman's Compensation insurance to the Green Lake County Correctional Facility. 2. You must have an Unemployment Account with the State of Wisconsin. Account #: Do you have Health Insurance Yes Carrier Name:	No requirements. No This may disqualify your self-employment application may knowledge. I also understand that providing false Huber privileges or further disciplinary action by the
Yes 1. You must have your insurance agency provide a certificate of Workman's Compensation insurance to the Green Lake County Correctional Facility. 2. You must have an Unemployment Account with the State of Wisconsin. Account #: Do you have Health Insurance Yes Carrier Name: Account # I certify that the above information is correct to the best of information may result in revocation or suspension of my Correctional staff.	No requirements. No This may disqualify your self-employment application This may disqualify your se

HUBER/EMP PACKET ACKNOWLEDGMENT FORM

Upon reporting for your jail sentence, you will receive a copy of the Green Lake County Correctional Facility Huber and EMP Rules. There are additional rules that pertain to your behavior and expectations while in custody at the Correctional Facility. Failure to follow these rules, as well as the expectations outlined in this handbook, may result in the following: revocation of Huber and/or childcare, segregation, loss of good time, and/or criminal prosecution.

I agree that I have read and thoroughly understand all requirements and expectations outlined in this Huber/EMP packet. I understand that my conduct as a Huber Law inmate will be governed by these rules.

HUBER LAW INMATE	DATE
CORRECTIONS SERGEANT	DATE

GREEN LAKE COUNTY CORRECTIONAL FACILITY FEE SCHEDULE

ITEM COST

EMP (GPS ONLY)	\$161.00/WEEK
	\$23.00 /DAY
EMP (GPS & ALCOHOL MONITORING)	\$196/WEEK
	\$28.00/DAY
EMP TRANSFER (GPS ONLY)	\$175.00 WEEK
	\$25.00/DAY
EMP TRANSFER (GPS AND ALCOHOL MONITORING)	\$210.00/WEEK
	\$30.00/DAY
EMP HOOK UP FEE	\$35.00
ADMISSIONS KIT/HYGIENE	\$1.75 EACH
DRUG TEST FEE	\$10.00 EACH