

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

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

Employer/Organization Name: _____

Company Address: _____

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

This schedule must be completed by the inmates' employer. 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). **Any Schedule changes need to be received with 48-hour notice**, in order to be reviewed 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

Employer/Supervisor Signature: _____

Copy to: Huber Work Schedule Binder

**Please fax schedule to:
920-294-4191**