



Green Lake County Correctional Facility

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

Employer Address

RE: Inmate Name

The above employee will be serving a sentence on Electronic Monitoring Program (EMP) for Green Lake County Correctional Facility with Huber privileges.

This letter 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 assist 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 program.

The Huber employee is primarily responsible for making sure the documentation is received. This information may be faxed to 920-294-4191 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. They are only allowed to be at the worksite address as noted on work schedule. If an employer should witness 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. Schedule changes require 48-hour notice.

Sincerely,

Lori Leahy

Corrections Administrator
lleahy@greenlakecountywi.gov

Jennifer Walker

Corrections Sergeant
jjwalker@greenlakecountywi.gov

Kaitlyn Frederick

Corrections Sergeant
kfrederick@greenlakecountywi.gov

**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**