GREEN LAKE COUNTY CORRECTIONAL FACILITY
EMP WORK SCHEDULE

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

Employer/Organization Name: _____

Company Address: _____

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

This schedule must be completed by the inmate's employer. Please note that all fields must be filled in and must include the employer/supervisor 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: EMP Binder

Please fax schedule to:
920-294-4191