

KCCC Home Detention Program Employer's Work Agreement

KEEP THIS DOCUMENT FOR YOUR RECORDS

Kosciusko County Community Corrections Home Detention Program Policies:

1. All wages earned by the participant in the Home Detention Program shall be paid to the participant.
2. A participant must receive wages commensurate with those received by comparable workers.
3. Failure of a participant to perform his work task in a satisfactory manner or failure of a participant to attend work shall be reported to the KCCC Staff.
4. While employed, the participant shall be covered by the employer's insurance and/or Workman's Compensation insurance as required by law.
5. The use of narcotics and/or other drugs not lawfully possessed by or prescribed to the participant is prohibited. The consumption of alcoholic beverages by a participant is also prohibited.
6. Participants whose employment requires more than one job site per shift must have an employer that will provide documentation verifying the participant's location throughout their shift on a daily basis.

Kosciusko County Community Corrections Home Detention Staff may request that the employer:

1. Furnish pay stubs, upon request, that include pay periods dates, hours worked and pay rate.
2. Provide work performance information, upon request.
3. Notify KCCC Staff of all positive alcohol and/or drug tests.
4. Notify KCCC Staff immediately of any absences, tardiness and/or disciplinary action, including terminations.
5. Allow KCCC Staff the ability to verify attendance via phone and/or on-site checks.
6. Notify KCCC Staff if a Home Detention Participant leaves the worksite without KCCC Staff approval.

Contact Information:

**Kosciusko County Community Corrections
121 North Lake Street
Warsaw, IN 46580
Phone: (574) 265-2484
Fax: (574) 265-2972**

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***IF YOU ARE CURRENTLY EMPLOYED,
PLEASE COMPLETE & RETURN TO KCCC VIA FAX OR MAIL***

I, _____, understand that _____ is currently
(Employer) (Participant)
supervised by the Kosciusko County Community Corrections Home Detention Program and that he/she must comply with the rules and regulations of the program. I have received a copy of the Employer's Work Agreement that outlines policies and expectations of Participants and Employers.

Signature: _____
(Printed Name)

Position/Title: _____

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Direct Supervisor: _____

Start Date: _____ Part Time: _____ Full Time: _____

Scheduled Work Hours: _____

Number of Hours/Week: _____ Hourly Wage: _____

Frequency and Day of Pay: _____
Example: Bi-weekly – Friday; Weekly – Monday

First Pay Date: _____