OKLAHOMA DEPARTMENT OF CORRECTIONS
WORK RELEASE RULES AND CONDITIONS

I understand that work release is a privilege. By my signature I understand and agree to the following rules and conditions and, that as indicated below, my identification documents have been returned to me. I understand that I remain in the custody of the Oklahoma Department of Corrections and that I can be removed from the work release program as a routine classification action by facility staff due to, but not limited to, misconduct or program failure.

1. I will only utilize transportation that has been approved by my facility head. I also understand that approved visitors, employers, employees or volunteers, once approved, may transport me to my approved job site.

2. I will not stop any place en route to job search/work or on return unless approved in advance and with an approved itinerary.

3. Upon being offered employment I will advise the employer that I am incarcerated and obtain a written signature verifying notification. I will provide written verification of such notice to my case manager the same day.

4. I will not receive personal visitors at my job or make or receive personal phone calls.

5. I understand that if I fail to comply with directives pertaining to my health care from the medical unit, I may be removed from the work release program.

6. If I fail to go to work, I will notify security staff/control office, my case manager and my employer.

7. I will not lay in from work to speak to my case manager or other staff unless they have arranged for my lay-in.

8. I will not leave my job site for any reason, including lunch with my supervisor, unless approved by my case manager in advance.

9. I will not receive cash payments, advances or use payroll deductions. Child support or job related expenses such as uniform, work boots, etc., may be deducted, but must be listed. Food/drinks/merchandise are not authorized deductions.

10. I understand that unless the below box is initialed by the facility head I am not approved to have a paycheck in my possession and agree to allow my employer to mail my check directly to the host facility business manager's office.

☐ **If box is initialed by the facility head they have authorized the inmate to be in possession of paychecks.**

11. I will not directly supervise other inmates for any reason.

12. I agree to pay all applicable program support fees.

13. I will not work for an amount less than minimum wage.

14. I will not work for commission or end of contract payment (i.e., completion of job).

15. While assigned to work release and employed, I will be assessed a co-pay of $25 per emergency room visit if the emergency room visit does not result in hospital admission.

16. I am not allowed to drive a motor vehicle on any public roadway.

17. Identification Documents (Initial all provided to inmate): ___driver's license ____birth certificate ____state identification card ____social security card ____notarized copy of CRC ____Other:_____

_____

Inmate Signature DOC# Date

_____

Witness (R 7/17)