

**BENTON COUNTY CORRECTIONAL CENTER
WORK RELEASE AGREEMENT**

INMATE INFORMATION

- Inmate Name: _____
- Date of Birth: _____
- Charge(s): _____
- Case Number: _____
- Length of Sentence: _____
- Sentence Completion Date (if applicable): _____

STATUTORY AUTHORITY AND NATURE OF PROGRAM

This Work Release Agreement is issued pursuant to Iowa Code Chapter 356, including but not limited to §§ 356.26 and 356.27, applicable court orders, and the statutory authority of the Benton County Sheriff. Participation in work release is a privilege, not a right. Participation may be approved, modified, suspended, or revoked as permitted by law. When work release participation is ordered by the Court, any material modification or revocation shall be addressed in accordance with Iowa Code §356.27 and subject to court review or approval.

WORK RELEASE INTERVIEW AND SCHEDULING REQUIREMENTS

The inmate shall contact the Benton County Correctional Center at 319-472-2337 approximately two (2) weeks prior to the scheduled surrender date to request a Work Release interview.

- The interview shall be completed no later than three (3) days prior to the surrender date.
- Failure to complete the interview within the required timeframe may result in denial or delay of work release participation.
- Interview scheduling is subject to institutional operations, staffing, and security needs.

REQUIRED DOCUMENTATION

The inmate shall provide the following documentation at the Work Release interview:

1. Completed Work Release Employment Information (see chart below)
2. Two (2) most recent pay stubs or the most recent federal income tax return
3. If transportation is required:
 - o Valid driver's license
 - o Current vehicle registration
 - o Proof of motor vehicle insurance

Copies may be submitted in advance; however, original documents and signed proof of employment shall be presented at the interview. Failure to provide required documentation may result in denial, suspension, or revocation of work release participation.

WORK RELEASE EMPLOYMENT INFORMATION CHART
(To Be Completed by Inmate and Verified by Employer)

EMPLOYMENT INFORMATION

Field	Information
Employer Name	_____
Business Address	_____
City / State / Zip	_____
Employer Phone Number	_____
Immediate Supervisor Name	_____
Supervisor Phone Number	_____
Type of Employment	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Self-Employed
Job Title / Position	_____
Start Date of Employment	_____
Rate of Pay	\$_____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Salary
Average Hours Per Week	_____
Regular Work Days	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat
Regular Work Hours	From _____ To _____
Work Location (if different from business address)	_____
Secondary Job Site(s) (if applicable)	_____

TRANSPORTATION INFORMATION

Field	Information
Transportation Method	<input type="checkbox"/> Self-Drive <input type="checkbox"/> Employer Transport <input type="checkbox"/> Public Transport <input type="checkbox"/> Other
Vehicle Make / Model	_____
Vehicle Color	_____
License Plate Number	_____
Driver's License Number	_____
Alternate Transportation Details (if applicable)	_____

EMPLOYER VERIFICATION

I certify that the above-named individual is employed as stated and that the information provided is accurate to the best of my knowledge. I understand that participation in the Benton County Work Release Program requires strict adherence to scheduled work hours and that any change in employment status must be immediately reported.

Employer Signature: _____ Date: _____

Printed Name: _____

Title: _____

Verified By (Facility Staff): _____ Date: _____

DOCUMENT SUBMISSION

Mail or Deliver:

Benton County Correctional Center
Attn: Work Release Program / Jail Administrator
113 E 3rd Street
Vinton, IA 52349
Or Email: r.denison@bentonsheriff.com

ELIGIBILITY AND PARTICIPATION REQUIREMENTS

To remain eligible for work release, the inmate shall:

1. Be serving a sentence of no fewer than seven (7) consecutive days.
2. Maintain verified employment approved by the Jail Administrator or designee.
3. Work exclusively within Benton County unless otherwise authorized in writing by the Sheriff or designee.
4. Pay all program fees in advance beginning on the surrender date, by cash or certified bank check only.
5. Comply with all testing requirements and refrain from alcohol, controlled substances, unauthorized individuals, and unauthorized locations.
6. Limit authorized work clothing to three (3) changes of clothing. Storage limitations apply.

CONDITIONS OF WORK RELEASE

As a condition of participation, the inmate agrees to:

1. Travel directly and without deviation between the Benton County Correctional Center and the approved place of employment.
2. Return immediately to the facility upon completion of each authorized work period.
3. Remain employed with the approved employer unless prior written authorization to change employment is granted.
4. Immediately report termination, suspension, or changes in employment status and return to the facility.
5. Remain within Benton County unless otherwise authorized in writing.
6. Provide accurate daily location and schedule information as directed by staff.
7. Conduct themselves in a lawful, orderly, and professional manner at all times.
8. Submit to breath, urine, blood, or other testing as directed. Refusal or positive results constitute a violation.
9. Wear a GPS monitoring device at all times as directed.
10. Assume full financial responsibility for issued GPS equipment, including repair or replacement costs for damage, loss, or misuse. Intentional damage may result in criminal prosecution.

WORK SCHEDULE LIMITATIONS

- Combined work hours and authorized travel time shall not exceed sixty (60) hours per week (Sunday through Saturday).
- The maximum authorized time outside the facility shall not exceed twelve (12) hours per day and five (5) days per week, unless otherwise authorized in writing by the Court or the Sheriff.

FEES

- In-County Orders: \$75.00 per day (room and board) + \$15.00 per day (monitoring)
- Out-of-County Orders: \$85.00 per day (room and board) + \$15.00 per day (monitoring)

SUSPENSION, REVOCATION, AND ENFORCEMENT

The Sheriff or designee may immediately suspend work release participation for any violation of this agreement, safety or security concern, operational necessity, or suspected noncompliance.

When work release participation is ordered by the Court, revocation or material modification shall be addressed pursuant to Iowa Code §356.27.

Any peace officer or probation officer is authorized to take the inmate into custody for return to the Benton County Correctional Center upon violation of work release conditions.

FEES AND REFUNDS

If work release participation is suspended and/or revoked:

1. Monitoring fees shall be refunded effective the date of revocation.
2. Unless otherwise ordered by the Court, any work release fees already paid shall be applied to room and board costs for the remainder of the inmate’s incarceration.

LIMITATION OF LIABILITY

The inmate acknowledges that Benton County, the Benton County Sheriff’s Office, and their employees and agents assume no liability for loss, injury, or damages arising from participation in work release, except as required by law.

SEVERABILITY

If any provision of this agreement is found invalid or unenforceable, the remaining provisions shall remain in full force and effect.

ENTIRE AGREEMENT AND ACKNOWLEDGMENT

This document constitutes the entire agreement governing work release participation. The inmate acknowledges having read, understood, and voluntarily agreed to all conditions contained herein.

Inmate Signature: _____ Date: _____

Witness Signature: _____ Date: _____

APPROVAL

Sheriff or Designee: _____ Date: _____

APPROVED

DENIED

Reason for Denial (if applicable): _____