Enter institution name.

Enter institution address.

Enter institution city, state & zip.

Enter institution phone number(s).

Dear Employer,

On behalf of the Alaska Department of Corrections (DOC) and the above named institution, I want to thank you for your interest in providing our offenders with a meaningful employment opportunity as part of our Work Release Program (WRP). It is our sincere belief that by providing certain offenders with the chance to participate in productive work we help them re-integrate back in to the community. These offenders start to re-connect with community resources while also becoming self-sufficient and gaining a sense of independence. Ultimately this helps them in their transition back in to community life after they are released from the institution.

**As an employment partner in our Work Release Program / Vocational Work Release Program, we please ask that you adhere to the following guidelines in order to help make the program a success:**

1. You must pay our offenders at least minimum wage.
2. Offenders must be paid by regular payroll check, no cash and no commission.
3. Offenders may not accept end of contract payments, where payment is made upon completion of a job.
4. Offenders may not work as day laborers, where payment is made at the end of the day.
5. You must provide Worker’s Compensation coverage, per State and Federal law, for any of our offenders employed at your work site.
6. You must provide insurance covering our offenders work, both commercial general liability insurance and commercial automobile liability insurance (if applicable).

**In addition, all of our offenders must be trained on the proper use and operation of any tools, equipment, machinery or chemicals in compliance with federal, state and local law. If dealing with chemicals material safety data sheets must also be made available to all offenders.**

**Please also ensure that all offenders are trained and / or shown what to do in the event of a life safety incident. Training and information should include medical emergencies and first aid, fire alarms and suppression, evacuations routes, chemical spills, etc.**

**If any of the following behavior should occur, please notify our Work Release Program Officers, your Work Release Program Contact (identified below), or our institution immediately:**

1. The offender does not report to work as scheduled.
2. The offender is late for work or is released from work prior to his / her normal quitting time.
3. The offender is terminated from his / her job.
4. The offender's work hours are modified (work crews w/ regular hours).
5. The offender leaves his / her place of employment, or is unaccounted for, during the workday.
6. The offender consumes, or is suspected of consuming, any alcohol or drugs during the workday.
7. The offender is considered for any special operations such as; forklift / crane operator.
8. The offender commits any violations of employee conduct or commits a crime.
9. Any other unusual circumstances that may occur.
10. The offender has a medical issue requiring attention.
11. The offender has a major medical emergency and / or is being transported for medical care.

**Our Work Release Program Officers may make random checks in person or with a drive-by scanner in order to confirm that our offenders are present at your work site. Work release offenders are subject to search and / or apprehension at any time they are away from the institution.**

**Lastly our institutional staff will be happy to provide you with a brochure and a review of the federal Prison Rape Elimination Act (PREA), as this law is applicable to our offenders even in your workplace.**

We appreciate your willingness to comply with the guidelines and to report any of the identified behavior listed above. It is only with your support that programs such as this can exist and be a success. Thank you.

**Work Release Program Contact:**

If you have any other questions at all, please feel free to contact me at the number below:

Contact Signature: Date: Contact #:

Contact Printed Name: Job Title:

In the event of an emergency, you may also contact any of the following DOC staff:

|  |  |  |
| --- | --- | --- |
| **Staff Name:** | **Title:** | **Contact #:** |
|  |  |  |
|  |  |  |
|  |  |  |

**Employer Section:**

By my signature below I am indicating that I will comply with the above listed guidelines and that I will report any of the identified behavior if it should occur:

Employer Signature: Date: Contact #:

Employer Printed Name: Job Title: Contact Hours:

Company Name / Business & Address:

Please provide the name and contact information of at least one (1) alternative individual in case you cannot be reached for some reason:

|  |  |  |
| --- | --- | --- |
| **Name:** | **Title:** | **Contact #:** |
|  |  |  |
|  |  |  |

Once you have completed and signed this agreement above, please **return it** to your Work Release Program Contact at the institution’s address at the top of the first page.

**Distribution:**

Original: WRP / VWRP File. Copy: Employer.