



Glenn H. Derryberry, Judge

ALLEN COUNTY COURT OF COMMON PLEAS
JUVENILE DIVISION

1000 WARDHILL AVENUE • P.O. BOX 419

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WORK RELEASE GUIDELINES

The Court may, in appropriate cases, afford persons sentenced to jail the privilege of work release. Work release affords the incarcerated individual the privilege of being released from jail in order to attend work, but to return to jail at the end of the employment shift. Work release is a privilege afforded to selected individuals and only under appropriate circumstances.

In order to be considered for work release, you must submit a written request to the Court. In addition, the employer must submit on company letterhead the following information:

- 1.) The full name, address and phone number of the business.
- 2.) The specific hours (including days of the week) during which the individual will be working during the period of incarceration, if work release is granted.
- 3.) The rate of pay earned by the employee.

Instead of submitting the letter, the employer may simply complete and return the attached Employer's Statement Upon Request for Work Release. The information submitted by the employer must be signed by the owner of the business, or the appropriate managing officer of the company, and must specify that individual's title. The Court may contact the employer to verify or confirm the accuracy of the information submitted.

Each request for work release will be decided on its own merits, giving particular consideration to the length of the jail sentence being served, the number of hours to be worked each week by the employee, transportation concerns, and other relevant factors.

EMPLOYER'S STATEMENT UPON REQUEST FOR WORK RELEASE

Employee's Name: _____ Date Hired: _____

Last 4 Digits of Employee's Social Security Number:

Employee's Regular Hours of Employment _____ .m. to _____ .m.

Days of the week: _____

How is the Employee paid? Hourly Salaried Other, if other, explain manner of Payment (sub-contracting, piece work, by the job, etc.), including how payment is calculated

Rate of pay _____ per hour OR Annual earnings of _____

How many hours did the employee work last week? _____

What were the employee's gross earnings from employment last week? _____

Number of hours worked by Employee each week _____

Have you withheld child support for this Employee in the past? Yes No

Full name of Employer's business: _____

Complete address of Employer's business: _____

Employee's work site address (if different) _____

I acknowledge my responsibility as an Employer to withhold and forward the appropriate sums from the earnings of the Employee to the Allen County Child Support Enforcement Agency under Ohio law and applicable Court and Administrative Orders. I also acknowledge my responsibility to notify the Court of any changes to the Employee's work schedule which may effect his/her work release schedule. I also understand that the Court may contact the Employer to confirm the accuracy of the information submitted.

Signature Date

Print Name

Title

Telephone Number