

**WORK RELEASE #3
BAYFIELD COUNTY SHERIFF'S DEPARTMENT**

**JAIL HUBER RULES AND REGULATIONS
HUBER WORK VERIFICATON FORM**

DATE _____ NAME _____

ADDRESS _____

PHONE NUMBER (DAY) _____ (EVENING) _____

PLACE OF EMPLOYMENT _____

MANAGER _____ PHONE # _____

SUPERVISOR _____ PHONE # _____

WAGES (MUST BE MINIMUM) _____ PAYDAY _____

DEDUCTIONS FROM PAYCHECK OTHER THAN TAXES _____

NORMAL DAILY WORK HOURS: START _____ END _____

NORMAL DAYS WORKED EACH WEEK _____

NEXT OF KIN _____

ADDRESS AND TELEPHONE NUMBER _____

WORK COMPANIONS _____

EMPLOYMENT TERMINATED _____

TRANSPORTATION FURNISHED BY _____

VEHICLE INSURANCE INFORMATION _____

PERSONAL HEALTH INSURANCE _____

SIGNED _____ DATE _____