

**DEPARTMENT OF CORRECTION
EMPLOYMENT AGREEMENT FORM**

Institution: _____

Address: _____

Telephone Number: _____ Fax: _____

I agree to hire _____ for the position of _____
and would like them to start work on _____.

The following information is provided relevant to employment and will be held confidential:

1. Immediate Supervisor: _____ Telephone #: _____

2. Other Contact Person(s): _____ Telephone #: _____

3. Work Location (if different): _____

4. Work Schedule: _____

5. Total # Paid Hours Per Week: _____ Date of 1st Paycheck: _____

6. Frequency of Subsequent Pay Days: _____ Weekly _____ Bi Monthly: _____

7. Hourly Wage: \$ _____

8. Benefits (please check those applicable & indicate employee cost)

Medical/Hospital Insurance: _____

Life Insurance: _____

Pension Plan: _____

Holidays (specify): _____

Vacation (explain): _____

Sick Leave (explain): _____

Workman's Compensation: _____

Other (explain): _____

The rate of pay and conditions of employment applicable to the above employee are the same as those applicable to any other employee doing similar work. I agree that the above employee will not be employed at a place where there exists any strike or work stoppage arising from a labor dispute of any kind.

I understand that the above employee may not receive their pay in cash, nor will they be allowed to draw on their pay. I agree to deduct all appropriate taxes from their paycheck to include court ordered child support where appropriate and to provide, with each paycheck, details as to the

number of hours worked, pay period involved (week ending date, gross wages, overtime wages, commissions, and taxes deducted). I agree to mail all paychecks, including any for overtime and/or commissions, directly to the institution Treasurer.

Employer: _____
Please Print

Signature: _____

Company Name: _____

Title: _____

Address: _____

Telephone #: _____

Date: _____

Superintendent's Approval

☐ Approved

☐ Denied

Comments: _____

Superintendent's Signature

Date

**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION**

COMMUNITY RELEASE AGREEMENT

Institution: _____

In accepting and participating in community programs, including all furloughs, work release, education release, and program related activity, I voluntarily accept the following program conditions:

1. I will conduct myself appropriately and in accordance with the laws of the state and community and will report to the institution staff any involvement with law enforcement agencies or personnel while on community release.
2. I will not leave the Commonwealth of Massachusetts.
3. I understand that failure to return from any community program or activity will be considered an escape, and that as a result I will be subject to prosecution.
4. I understand that I may be asked to submit to a body search, breathalyzer and/or urinalysis upon my return to the institution, and I agree to cooperate.
5. Community release programs are an extension of the confines of the institution, and all rules and regulations will be in effect throughout my community release time. Upon returning to the institution, I will not attempt to introduce contraband into the institution, and I will submit to a search of my room as deemed necessary by staff.
6. Any violations of community release policies will result in my being subject to disciplinary action and/or prosecution and will be considered in future community release requests.
7. I will be aware of the conditions and specific arrangements for each community release activity, and I will abide by these arrangements and conditions, and return to the institution at the designated time.
8. I understand that I cannot accept money/pay directly from my employer, and that the institution will deduct 15% of my gross wages as payment to the State General Fund. I further understand that deductions from my wages for the Resident's Fund are voluntary.
9. I authorize the institution staff to contact my employers or prospective employers and other present or future program sponsors as necessary to monitor my program eligibility, skills, ability, and attitude.

10. I agree to inform my perspective employer of the crimes/offenses for which I am incarcerated, as well as any previous criminal and/or disciplinary history. I further authorize institutional personnel to discuss these issues with my employer as a condition of participation in this program.
11. If for any reason I leave my assigned program site, am let out early, am fired, class is canceled, etc., I will call the institution first and then return directly to the institution.

I have read and/or have had read and explained to me the above conditions, and I accept and understand them completely.

Inmate's Signature

Date

Staff Signature

Date

Institution: _____

Address: _____

Telephone Number: _____

Inmate's Signature

**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION
POLICE NOTIFICATION OF EMPLOYMENT FORM**

Institution: _____

PERSONAL DATA: NAME: _____ NUMBER: _____ AKA(S): _____ SS #: _____ FBI #: _____	affix photograph
OFFENSE INFORMATION: _____ _____ _____ SENTENCE EFFECTIVE DATE: _____ PENDING RELEASE DATE/TYPE: _____	
IDENTIFYING INFORMATION: RACE: _____ HEIGHT: _____ WEIGHT: _____ HR. CLR.: _____ EYE CLR.: _____ COMPLEXION: _____ TATTOOS/SCARS: _____	
EMPLOYMENT INFORMATION: PLACE OF EMPLOYMENT: _____ ADDRESS: _____ CONTACT PERSON: _____ HOURS: _____ OCCUPATION: _____ TRAVEL/VEHICLE INFORMATION: _____ START DATE: _____	

* **NOTE:** All inmates are required to carry their inmate I.D. and Community Release Permit while in the community.

DEPARTMENT OF CORRECTION WORK RELEASE REPORT

Institution: _____

Month Ending Saturday _____ / 20

Number of Admissions: _____

Total number of inmates in program at beginning of month: _____

Total number of terminations: _____

Total number of inmates in program at end of month: _____

ADMISSIONS: List below all inmates who began work assignments this month:
(If additional space is needed, please use additional forms)

Name	Commitment Number	Employer	Address	Job Title	Date of Entry	Hours per Week	Good Time Days/Mos	Wages to Start

This form must be submitted to the Research Unit, Department of Correction, by the first Monday of each month.

TERMINATIONS: If additional space is needed, please use additional forms

Name	Commitment Number	Employer	Date Terminated	Wage at Termination	Reason for Termination	Comment

TERMINATION CODES:

- 00 = Unknown**
- 01 = Parole**
- 02 = Parole (will continue in job)**
- 03 = Discharged from Custody**
- 04 = Discharged (will continue in job)**
- 05 = Fired by Employer**
- 06 = Removed from Program by DOC Authorities**
- 07 = Job Change**
- 08 = Quit Job Voluntarily**
- 09 = Laid Off**
- 10 = New Arrest**
- 11 = Transferred to MCI (specify institution)**
- 12 = Transferred to Pre-Release (specify institution)**
- 13 = Escape from Work Release**
- 14 = Other Escape**
- 15 = Transferred to Contract Program (specify program)**
- 16 = Transferred to PPREP (specify city/town)**
- 99 = Other**