DEKALB COUNTY COMMUNITY CORRECTIONS

1000 Potter Drive P.O. Box 6049 - AUBURN, IN 46706 OFFICE 260-333-0710 - TOLL FREE 1-855-433-5252 - FAX 260-927-4779 WWW.CO.DEKALB.IN.US/DCCC

Dear Employer,

Thank you for providing employment to a Community Corrections program participant. It is the goal of Community Corrections staff to work with employers to help guide participants as they live and work in the community.

Please find enclosed an "Employer Notification Form." This document is used as an official notice of employment to Community Corrections while also informing the employer of the requirements that the participant is required to follow.

Unfortunately, Community Corrections is unable to provide a great deal of flexibility in regard to work schedule changes due to the electronic monitoring requirement for our participants. Participants are required to submit a weekly schedule each Friday by 12 pm for the following Monday through Sunday. This is required because requested absences from their home, including work, must be verified, approved and entered. Any schedule change must be entered into the monitoring system and then relayed to field officers and staff. Accountability is of the utmost importance to Community Corrections.

Please don't hesitate to contact Community Corrections should you have any questions or concerns. We look forward to working with you. Please complete the enclosed Employer Notification Form and return it to Community Corrections at your earliest convenience.

Employer Notification Form

Emplo	yee Name:	
Name	of Employer:	
	Address:	
Work	phone:	
WOIK	phone	
Superv	visor Name:	
Date F	Hired: Ho	urly Wage:/Hr.
Туріса	al Work Hours:	
We (en	mployer)	, are advised that the above unty Community Corrections programming. We
agree t		mry Community Corrections programming. We
a.	Inform DeKalb County Community Correction 1. Terminated from employment via written	
b.	 Fail to report to work. Allow Community Corrections Staff to visit the above place of employment. 	e defendant, either in person or by phone, at the
c.	Provide a weekly work schedule to the individual that allows them to provide Community Corrections with their work schedule each Friday before 12pm for the following Monday through	
d. e. f. g.	(2) hours prior to the participant's scheduled time to return home from work as well as provide a specific date, location, and start and end time. Such requests will be accepted during business hours: 8am-4pm Monday, 8am-2:45 pm Tuesday, 8am-8pm Wednesday, 8am-4pm Thursday, 8am-3pm Friday by calling 260-333-0710. After hours and/or weekend requests will be permitted by calling 260-333-0216. Please also be advised that participants must remain inside their homes a minimum of eight (8) consecutive hours for each twenty – four (24) hour period. Excessive overtime requests may be denied. Residential Work Facility participants may only work one (1) job. It is MANDATORY for participants to report to Community Corrections when requested by staff. Please understand that Community Correction staff tries to limit disruptions to a participant's work schedule, but sometimes it is unavoidable. Provide the participant documentation of all hours worked (time card, punch printout) on a weekly basis.	
		Date
	visor/Employer return to: DeKalb Co. Community Corrections, 1000 Potter Drive P.O. Box 6049 Auburn, IN 46706	
Teleph	one: 260-333-0710 Fax: 260-927-4779	Email: dccc@co.dekalb.in.us

_____VV Inclusion Area Checked ______ Emailed to AM or AK ______ Updated in SRS