

DEKALB COUNTY COMMUNITY CORRECTIONS

215 E NINTH ST, SUITE 101 - 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.

Respectfully yours,



Kellie Knauer, Executive Director
DeKalb Co. Community Corrections

The mission of DeKalb County Community Corrections is to increase public safety by reducing recidivism and encouraging participants to be productive community members through cost savings and enhanced coordination of local adult and juvenile justice systems.

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Employer Notification Form

Employee Name: _____

Name of Employer: _____

Work Address: _____

Work phone: _____

Supervisor Name: _____

Date Hired: _____ Hourly Wage: _____ /Hr.

Typical Work Hours: _____

We (employer) _____, are advised that the above referenced individual has been placed into DeKalb County Community Corrections. We agree to:

- a. Inform DeKalb County Community Corrections immediately should the individual be:
 1. Terminated from employment
 2. Fail to report to work.
- b. Allow Community Corrections Staff to visit the defendant, either in person or by phone, at the above place of employment.
- 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 Sunday.
- d. If emergency overtime occurs, employer agrees to contact Community Corrections at least four (4) hours prior to the participants scheduled time to return home from work as well as provide a specific date, location, and start and end time. Such requests will only be accepted during business hours: 8am-4pm Monday, 8am-2:45 pm Tuesday, 8am-8pm Wednesday, 8am-4pm Thursday, 8am-3pm Friday. After hours and/or weekend requests will not be permitted. 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.
- e. Provide the participant documentation of all hours worked (time card, punch printout) on a weekly basis.

Supervisor/Employer

Date _____

**Please return to: DeKalb Co. Community Corrections,
215 East 9th Street, Ste 101,
Auburn, IN 46706
Telephone: 260-333-0710
Fax: 260-927-4779**