

WINNEBAGO COUNTY HUBER PACKET

You will be assigned a date and time to report to the Work Release Unit to complete your work release set-up and be housed in a Huber pod.

For your Huber set-up appointment, report to:

Winnebago County Sheriff's Office
4311 Jackson Street
Oshkosh WI 54901
Phone 920-232-1919

The following forms must be filled out properly and brought with you to the Winnebago County Sheriff's Office for your Huber set-up appointment:

- ✓ Huber Law/Work Release rules (*read and initialed*)
- ✓ Weekly work schedule form (*completed and signed by employer*)
- ✓ Information sheet (*including ride or driving information*)
- ✓ TB skin test (*call your local public health department to arrange an appointment*). **You must have this done prior to your scheduled turn-in date. Failure to do so may result in your being held in from work.**
- ✓ Signed medical release form for any medical counseling
- ✓ Child's/Children's birth certificate (*Child Care **ONLY***)

Huber Law/Work Release General Information

- ✓ If your employer requests you to work on any of the following holidays, the request MUST be on company letterhead. The request must be faxed in no later than 48 hours prior to the holiday. You will NOT be allowed to work if you do not have the company letterhead request or if the request is turned in late. The holidays are:

New Years Day	Thanksgiving Day
Easter Sunday	Christmas Eve
Memorial Day	Christmas Day
Independence Day	New Years Eve
Labor Day	
- ✓ You will not be allowed to work more than six days in one work week or be allowed out of the Jail or Work Release Center for more than twelve hours in one day, including travel time.
- ✓ You will not be allowed to work outside of an adjacent county (i.e., more than one county away) without permission from the Sheriff, his designee, or a court order.
- ✓ You may not work for other inmates.
- ✓ If you are self employed you must show proof of that employment at the time of set-up. This will include pay and tax records, workman's compensation insurance, federal tax ID number, etc. If you are a subcontractor you must show proof as required by Wisconsin State Statute 102.07. In both cases, you must have a working phone where we can reach you at all times.
- ✓ If you want to work for a friend or relative, you **MUST** show at the time of set up that prior to incarceration you were employed by them. This will include pay and tax records and workman's compensation insurance, your own health insurance or its equivalent as proof of a legitimate employment. At least minimum wage must be earned for every hour out.

- ✓ If you are released for work, school, childcare, etc., you will be charged a daily fee set by the county ordinance. You must pay one to two weeks room and board in advance, depending upon your payment schedule. This fee will be charged seven days a week.
- ✓ You will not be allowed to schedule any medical or dental appointments without prior approval. **IN ACCORDANCE WITH SECTION 53.38 OF THE WISCONSIN STATUTES, YOU ARE RESPONSIBLE FOR ALL MEDICAL EXPENSES INCURRED.**
- ✓ You may be released to attend court proceedings that you are a party of or for which you have been subpoenaed as a witness if it is a Winnebago County or an adjacent county case. For non-adjacent county court appearances, that county must make arrangements to transport you to and from your hearing (**YOU WILL NOT BE ALLOWED TO GO ON YOUR OWN**).

Personal Items Allowed in the Jail/Work Release Center

ALL ITEMS MUST BE BROUGHT WITH YOU AT YOUR TURN IN TIME. ITEMS WILL NOT BE ACCEPTED AT ANY OTHER TIME.

Clothing:

You are allowed up to three changes of outer (i.e., work) clothing. If you become employed during your stay of incarceration, you will have 7 days in which to have clothing dropped off for you.

Hygiene:

Hygiene items are **not allowed** in the facility, you may purchase hygiene products from commissary.

If you wear eyeglasses you are allowed to bring in one eyeglass case.

If you wear contacts you are allowed one plastic contact lens case and one bottle of non-aerosol contact lens solution.

Medication:

All medication **MUST BE PRESCRIBED** and have the physician's name, current expiration date, dosage, frequency and name of medication clearly marked on the container. You must bring enough of your prescribed medication to last you during your stay at the Jail or the Work Release Center, or for up to 30 days, whichever comes first. Non-prescribed medication may **NOT** be brought in, but certain items may be purchased from the facility's commissary. **NOTE: Controlled medications** (i.e., Oxycodone, Oxycontin, Adderall, Ritalin, etc) **are NOT ALLOWED in the facility.** If you are currently taking a medication such as this, please contact your doctor for alternatives.

If you have a **breathing machine for sleep apnea**, you must notify the Huber Coordinator immediately, as this will affect your housing assignment due to a limited number of rooms that can accommodate them.

Miscellaneous:

You will be allowed to bring in **powder laundry soap and dryer sheets**, as you are responsible for washing your work clothes. You must secure them in your Huber locker when you are not using them.

NOTE: Both laundry soap and dryer sheets must be factory-sealed when they come in.

Personal Items Not Allowed in your assigned housing area

Medication:

No over the counter medication will be accepted. No controlled medications will be allowed. All prescription medications shall be cleared by the Health Services Unit before being given to the inmates.

Hygiene:

No dental floss, after-shave lotion, hand lotion, perfume, nail clippers, nail files, baby oil, Vaseline, or aerosol deodorant will be accepted.

Food:

No food or drink items of any kind will be allowed. This includes candy and gum.

Tobacco:

No tobacco items of any kind are permitted. This includes cigarettes, cigars, snuff, chewing tobacco, lighters, matches, etc.

Miscellaneous:

We will not accept any of the following items: stationary, stamps, disposable lighters, wire hangers, hair dryers, televisions, radios (except what is listed in allowed items), clock radios, knives, battery operated devices, or aerosol products of any kind. Magazines, newspapers, and books may not be brought in but may be purchased from the publisher and sent, via the U.S. Postal Service, to the facility you are assigned to.

NOTE: ANYTHING YOU TAKE OUT OF THE FACILITY WILL NOT BE ALLOWED BACK IN.

Work Release Information Sheet

Last Name:			First Name:			Full Middle Name:	
Date of Birth:		Place of Birth (city and state):			Social Security Number:		
Other Names You Have Gone By:			Home Phone #:		Cell Phone #:		
Current Address:			City:	County:	State:	Zip Code:	
Sex:	Race:	Age:	Height:	Weight:	Hair Color:	Eye Color:	
Scars, Marks, Tattoos and Other Distinguishing Features:							
Employer's Name, Address & Telephone Number:							
Supervisor's Name and Telephone Number:				Your Occupation:			
Emergency Contact Person: (Last Name)			First Name:		M.I.:	Telephone #:	
Street Address:				City:		State:	
Arresting Agency:			Name of Probation or Parole Agent and phone:				

If you will be driving yourself to and from work you will need the following:

- ✓ Proof of vehicle insurance
- ✓ Current vehicle registration
- ✓ Valid Wisconsin driver's license
- ✓ Vehicle information

Vehicle Make:	Type:	Color:	Style:	Year:	License Plate Number:
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If you will be riding with someone else to and from work you will need the following and proof of vehicle insurance:

Ride's Name and Date of Birth:				Phone Number:	
Ride's Vehicle Make:	Model:	Color:	Style:	Year:	License Plate Number:

Alternate Ride's Name and Date of Birth:				Phone Number:	
Ride's Vehicle Make:	Type:	Color:	Style:	Year:	License Plate Number:

Weekly Huber Activity Schedule
HUBER PHONE: 920-236-7423 Fax: 920-236-7429

This form is to be completed and signed by the employer

Inmate Name:	Total Hours Scheduled:		
Employer's Name and Address:	Employer's Phone Number:		
Direct Supervisor:	Pay Date:	Weekly_____	Bi-Weekly_____
Supervisor Signature:	Date:	Monthly_____	

**Only fill in job site address if different than above.
Please indicate the actual hours an inmate will be working.
Do not include travel time.**

Sunday	Start Time_____	AM/PM	Job Site:_____
Date:	End Time	AM/PM	City

Monday	Start Time_____	AM/PM	Job Site:_____
Date:	End Time	AM/PM	City

Tuesday	Start Time_____	AM/PM	Job Site:_____
Date:	End Time	AM/PM	City

Wednesday	Start Time_____	AM/PM	Job Site:_____
Date:	End Time	AM/PM	City

Thursday	Start Time_____	AM/PM	Job Site:_____
Date:	End Time	AM/PM	City

Friday	Start Time_____	AM/PM	Job Site:_____
Date:	End Time	AM/PM	City

Saturday	Start Time_____	AM/PM	Job Site:_____
Date:	End Time	AM/PM	City