



OZAUKEE COUNTY JAIL – HUBER

Earnings Agreement

1201 S Spring St – P.O. Box 245

Port Washington, WI 53074

sheriffhuber@co.ozaukee.wi.us

Phone: (262) 284-8446

Fax: (262) 284-8496



You have been sentenced to serve a jail term at the Ozaukee County Jail under provisions of WI state statute 303.08 "Huber Law". This agreement must be filled out completely and returned to the Ozaukee County Jail when reporting in to begin your sentence. Incomplete or inaccurate paperwork may result in the suspension of work release privileges until Ozaukee County Jail Staff can verify information.

NAME (LAST, FIRST, MI): _____

EMPLOYER NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

DATE OF HIRE: _____ NEXT DATE OF PAY: _____

RATE OF PAY: \$ _____ PER _____ PAYDATE IS WEEKLY BI-WEEKLY Monthly

NORMAL WORK HOURS: START _____ FINISH _____ METHOD: Direct Deposit Check Debit Card

NORMAL DAYS OF WORK (X all that apply): SUN MON TUE WED THU FRI SAT

EMPLOYEE'S DIRECT SUPERVISOR: _____

DIRECT PHONE #: _____ Sentence Start Date: _____ End Date: _____

2 most recent paystubs must be submitted with this agreement to the Ozaukee County Jail.

I agree to forward **ALL EARNINGS** directly to the Ozaukee County Jail on pay date as required by law. The only deductions allowed from a Huber inmate's pay are for taxes, union dues, 401(k) or other legitimate retirement plan, health insurance, child support payments, or court ordered judgments. By law an inmate's wages cannot be garnished civilly while incarcerated. Contributions to a credit union are not permitted. If these guidelines are not followed, you may not be allowed out to work.

INMATE SIGNATURE PRINTED NAME Date

****PLEASE BRING THIS FORM AT THE TIME OF BOOKING****

I have read, understand, and agree to the above terms regarding Huber Law Privileges

JAIL USE ONLY

Date Recvd: _____

Entered into RMS: _____

Work Schedule Verified: _____

Employment Verified: _____

Approved Denied By: _____ Reason Denied: _____ Date: _____