

**SNOHOMISH COUNTY
SHERIFF'S OFFICE - CORRECTIONS BUREAU**

INTEGRITY • DIGNITY • COMMITMENT • PRIDE



WORK/SCHOOL SCHEDULE

*****TO BE FILLED OUT BY THE EMPLOYER/SCHOOL ONLY*****

PARTICIPANT NAME: _____
Last First MI

COMPANY NAME: _____

ADDRESS: _____

This is a standing schedule is schedule changes (weekly, every other week, etc)

	DATE	WORK STARTS:	WORK ENDS:	TOTAL PAID HOURS
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Changes to this schedule must be kept to a minimum. For short notice changes the participant may call the facility and ask for authorization. All other schedule changes must use this form and be submitted in advance by the participant or by fax.

Fax# (425) 388-3443.

Snohomish County's expectations of the employer.

That you will notify Snohomish County Corrections at (425) 388-3431 if;

- 1) THE EMPLOYEE FAILS TO REPORT TO WORK. I.E.: SICK LEAVE OR OTHER.
- 2) THE EMPLOYEE IS LAID OFF OR TERMINATED
- 3) THE EMPLOYER VIEWS THE EMPLOYEE CONSUMING ALCOHOL OR ILLEGAL DRUGS.
- 4) THE EMPLOYER SUSPECTS THE EMPLOYEE HAS BEEN CONSUMING ALCOHOL OR ILLEGAL DRUGS.

Supervisor's Signature: _____ Date: _____

Supervisor's Printed Name: _____ Phone: _____