

State of Michigan 70 th Judicial District	<i>Day Parole / Work Release Verification</i>	Case Number
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Defendant: _____
first middle last date of birth

Employer: _____
full corporate name street address/ city/ state/ zip

Defendant's worksite: _____
street address/city/state telephone no.

Date defendant hired: _____ Current job title: _____

Defendant's immediate supervisor: _____
name title

Defendant's Current Work Schedule		
<i>Day</i>	<i>Starting Time</i>	<i>Ending Time</i>
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Defendant is employed Full time Part time, and works _____ hours per week.

The defendant will will not drive a motor vehicle during the course of employment.

The Employer will not change the defendant's work schedule or worksite without first providing a revised written schedule form to the Saginaw County Jail.

The Employer will immediately notify the Saginaw County Jail (989-790-5461) if the defendant (a) fails to arrive to work on time, (b) performs unsatisfactorily, (c) leaves work early, or (d) quits or is terminated.

I declare that the statements above are true to the best of my information, knowledge, and belief.

Date: _____

Signature

Print Name:
 Title:
 Telephone: