

Armstrong County Jail
Work Release/Community Service Agreement

I, _____ being in the custody of the Warden of Armstrong County Jail, under a sentence of Armstrong County agree to abide by the rules and regulations set forth below in order to participate in the Work Release Program of Armstrong County. I understand that the Work Release/Community Service Program is a privilege, which may be terminated for any violation of the rules and regulations.

1. I understand and agree that I am to go directly to my place of employment and return therefrom, without exception, at the end of the workday. I also understand that I must return to the Armstrong County Jail immediately if I were to quit or be terminated from my place of employment. In addition, I also understand that if I were to be terminated from my job (excluding lay-off) due to negligent disregard or any other work place violation my Work Release/Community Service privileges will be permanently suspended.

2. I understand that while on approved Work Release status, I agree to furnish and provide my own transportation to and from the Armstrong County Jail, subject to approval from the Warden. If for some reason my travel plans deviate from those originally established I will notify the Armstrong County Jail as soon as possible at (724)545-9222. Transportation will be provided for those on Community Service status.

3. I understand and agree that I will under no circumstances drink alcoholic beverages or use any drugs that are not prescribed by my physician during the period of my participation in the Work Release Program. I understand that I will be tested for alcohol and illegal drugs; and that any violation will result in my removal from the Work Release Program.

4. I understand that all meals will be furnished by the Armstrong County Jail and that this is to include a packed lunch, which will be provided while I am participating in the Work Release/Community Service Program. I agree that I will not leave my place of employment for lunch or for any other reason unless prior daily approval has been given from the Work Release Program Coordinator to perform duties associated with my employment. I will return to the Armstrong County Jail at the end of the workday.

5. I understand that while on approved Work Release Status, I agree to pay a Work Release Maintenance fee, which is prorated on an hourly pay rate as follows: \$5.15-\$8.00 per hr. = \$13.00 per day, \$8.01-\$11.00 per hr. =\$16.00 per day, \$11.01-\$14.00 per hr. =\$19.00 per day, \$14.00 and up=\$22.00 for each day I work during my participation in the Work Release Program.

6. I understand and agree that while on approved Work Release Status I will pay all Work Release and Clerk of Court fees. Cash slips for payment of Work Release fees and monies owed to the county shall be submitted by Sunday the week I am paid.

7. I agree to hold the County of Armstrong, Warden and all other county employees harmless for any injuries or damages which I might suffer or for any medical treatment, hospitalization or medication required as a result of my participation in the Work Release/Community Service Program. Additionally if I am approved for Community Service status, I understand that I will obtain a secondary insurance that will be set up by the Work Release/Community Service Coordinator that may range from \$8.00-\$10.00 per year.

8. I understand and agree that while outside the jail, I will not visit with family or friends (this includes telephone calls) nor will I possess or use a cell phone (without prior written approval if job related) nor will I have intimate contact with anyone.

9. I understand and agree that while outside the jail I will not send or receive messages.

10. I understand and agree that I will not carry mail or packages into or out of the jail without the specific approval of the Warden.

11. I understand and agree that if I escape or walk off the job, criminal charges will be filed.

§ 5121. Escape.

(a) Escape.--A person commits an offense if he unlawfully removes himself from official detention or fails to return to official detention following temporary leave granted for a specific purpose or limited period.

(b) Permitting or facilitating escape.--A public servant concerned in detention commits an offense if he knowingly or recklessly permits an escape. Any person who knowingly causes or facilitates an escape commits an offense.

(c) Effect of legal irregularity in detention.--Irregularity in bringing about or maintaining detention, or lack of jurisdiction of the committing or detaining authority, shall not be a defense to prosecution under this section.

(d) Grading.--

(1) An offense under this section is a felony of the third degree where:

- (i) the actor was under arrest for or detained on a charge of felony or following conviction of crime;
- (ii) the actor employs force, threat, deadly weapon or other dangerous instrumentality to effect the escape; or
- (iii) a public servant concerned in detention of persons convicted of crime intentionally facilitates or permits an escape from a detention facility.

(2) Otherwise an offense under this section is a misdemeanor of the second degree.

(e) Definition.--As used in this section the phrase "official detention" means arrest, detention in any facility for custody of persons under charge or conviction of crime or alleged or found to be delinquent, detention for extradition or deportation, or any other detention for law enforcement purposes; but the phrase does not include supervision of probation or parole, or constraint incidental to release on bail .

12. I agree to a strip search of my person at any time while on jail premises. I agree to a search of the automobile I use for Work Release purposes, my worksite and any cell phones that have been approved for Work Release Purposes.

13. I agree to allow the Work Release Coordinator to inform my employer of the charge and sentence imposed on me.

14. I understand and agree that I will abide to all jail rules and directives, in addition to obeying all criminal and non-criminal laws of the Commonwealth of Pennsylvania. Failure to do so may result in the loss of my Work Release privileges.

15. I agree that any dental or medical expenses that I have while participating in the Work Release program is my sole responsibility.

16. I understand and agree that if I am injured while working outside of the jail, I will let my supervisor know immediately. Upon return to the jail, I will also notify the shift supervisor.

17. I understand that while on approved Work Release/Community Service status I will wear the Armstrong County Jail wristband at all times. Furthermore, Community Service status will also wear a neon vest outside the jail at all times.

I have read and agree to all of the above terms and conditions and I have received a copy for my own records.

Inmate Signature: _____

Date: _____

W.R.C. _____

Date: _____