

\* \* \* **JASPER COUNTY JAIL WORK RELEASE FORM** \* \* \*

02-2026

**(MUST BE FILLED IN BY SUPERVISOR OR DEPARTMENT HEAD)**

INMATE NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

ATTORNEY: \_\_\_\_\_

CHARGE(S): \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

SUPERVISOR'S TELEPHONE: \_\_\_\_\_

DATE INMATE WAS HIRED: \_\_\_\_\_

**WORK SCHEDULE – CAN BE ON A SEPERATE PAPER IF NEEDED:**

NOTE: Inmates cannot work over 12 hours per day, including drive time to/from work, and they can only work 6 days a week.  
Please mark your schedule accordingly.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By checking this box and signing my name below, I certify under penalty of perjury that the information I have provided above regarding this inmate's employment and work schedule is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date Signed

**JAIL USE ONLY BELOW THIS LINE**

Drug Test: Date taken \_\_\_\_\_ Jailer who gave this test: \_\_\_\_\_

- Inmate passed drug test at this time.
- Inmate did not pass drug test at this time. Positive for: \_\_\_\_\_

Drug Test #2: Date taken \_\_\_\_\_ Jailer who gave this test: \_\_\_\_\_

- Inmate passed drug test at this time.
- Inmate did not pass drug test at this time. Positive for: \_\_\_\_\_

Supervisor who approved work release: _____
Shift leader who approved work release _____
Shift Leader: _____