



Employer Agreement/Consent for the Release of Confidential Information to other Persons, Agencies, or Entities

Thank you for your willingness to work with Allen County Community Corrections (ACCC). ACCC has outlined below the terms that the employee is required to follow in regards to employment, what ACCC will request of you as the employer and what you as the employer can expect from ACCC in support of this cooperative agreement. The items outlined below will be enforced while the employee is under ACCC supervision and employed.

Employee Agreement Terms

As a participant under ACCC supervision, your employee is expected to account for his or her location and activities according to a pre-determined daily schedule. Your employee, as an ACCC participant, is also expected, as a condition of their supervision, to comply with your organization's policies fully. In support of these expectations, ACCC has instructed your employee to conduct themselves in the following manner:

1. Turn in a written schedule by 7:00pm each Friday for the following week, that provides the start and end time for each day worked.
2. Call prior to the scheduled departure time if needed to work over. Include an approximate departure time. If required to work past the given departure time, call back with an updated departure time.
3. Call prior to leaving the residence if called into work and it is not on the weekly schedule. Give the start and end time. Call on arrival and departure from work.
4. Employee cannot leave the approved job site without prior permission from ACCC.
5. Sign this agreement, which gives ACCC and the employer permission to discuss supervision including, but not limited, to the items outlined in this document in addition to attendance, attitude, conduct, and alcohol/drug test results.

ACCC Agreement Terms

1. In the event of non-compliance by the participant, law enforcement officers may visit the jobsite to verify the employee's location; (officers understand to use reasonable and discrete methods to avoid disrupting the work place).
2. Any questions or concerns you may have, please contact the Case Management Section Chief at (260) 449-7252.
3. Through this signed agreement, ACCC understands / provides, upon the employer's written request drug and alcohol test results.
4. ACCC upon request understands / provides the employer with written verification of attendance any time the participant is required to appear at ACCC during the period of a scheduled work shift or in the event that the participant is confined and unable to report for work.

Employer Agreement Terms

1. To provide information in regards to absences or employment termination upon request to ACCC.
2. Permit the ACCC Communication Division to contact you by telephone in order to verify the supervised employee's arrival or departure times or to discuss any concerns regarding the employee. In the event of non-compliance by the employee, law enforcement officers may visit the jobsite to verify the employee's location; (officers understand use to reasonable and discrete methods to avoid disrupting the work place).

To be completed by employer:

I _____, understand that, _____, is currently supervised by Allen County Community Corrections and that he / she must comply with the General Rules and Special Conditions of Supervision.

Signature: _____
(Position / Title) (Date)

Company Name/Staffing Agency: _____

Phone: _____ Direct Supervisor: _____

Work Location (if different than above): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Secondary Supervisor (if applicable): _____

Secondary Supervisor or After Hours Phone: _____

Start Date: _____ Part-time: _____ Full-time: _____

Number of hours / week: _____ Hourly Wage: _____

To be completed by employee:

I _____, a participant under the supervision of Allen County Community Corrections and employee of the above named company or organization agree to permit my employer to share all of my employment information with Allen County Community Corrections. This permission remains in effect until the end of my supervision by Allen County Community Corrections or the end of my employment, whichever occurs first. I further agree to comply with the rules as outlined in this document, the rules of the Allen County Community Corrections program, and the policies and rules set forth by the employer.

By my signature I, _____, _____, hereby consent
Name (Print) Date of Birth

to communication between Allen County Community Corrections and the above named employer. The purpose of, and need for, this disclosure here in is for case management purposes. I give ACCC and the above employer authorization to exchange all relevant information including drug and alcohol testing results / information. I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Record, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance thereon, and that in any event this consent expires automatically on my release date from Allen County Community Corrections or my last date of employment with the above listed employer.

Signature: _____ Date: _____

Allen County Community Corrections | 201 W. Superior Street| Ft. Wayne, IN 46802| Fax 260-449-7308| Office 260-449-7252