

Corrections Center Correctional Alternative Enrollment Application

The Kittitas County Correctional Alternative Program is operated by the Kittitas County Corrections Center. The Alternative Program includes Electronic Home Monitoring, Work Release, School Release and other related custody programs that are offered as a correctional alternative to full incarceration.

The application packet must be completed in full and turned in at least ten (10) days in advance of the date you are supposed to report to the Corrections Center. An incomplete, unreadable, or false packet will result in the denial of your application. Applications received less than ten (10) days in advance may not be approved prior to your reporting date. In the event that this occurs, you will need to report to the Corrections Center as ordered by the court and if approved for any of the programs, you will be notified while in custody.

For the Corrections Center to accept you for screening and possible acceptance into an Alternative Program, you must meet all the criteria set forth. In order for you to be screened for the Electronic Monitoring Program, you must meet all the criteria set forth RCW 9.94.734 (Home Detention)

For the completion of this packet, you will need to gather information about your:

- | | | |
|---------------------------|-----------------------|------------------|
| • Driving Record | Education Records | Health Records |
| • Vehicle Insurance | Financial Status | Health Insurance |
| • Work or School Schedule | Judgment and Sentence | Criminal History |

You also must read and sign the following sections of the application:

- Certification of Truth
- Custody Status
- Electronic Home Monitoring Telephone Requirements
- Consent to Search Form
- Participant Contract and Agreement
- Release of Information
- Program Rules

You are required to complete the Current Offense Information Section. The last page of the application is the employer sign off sheet. It is to be filled out, signed and dated by your employer and returned to the Corrections Center with your completed application.

Attached to your completed application, you must have:

A full and complete copy of your court issued judgment and sentence or court commitment, a copy of your valid driver's license, and proof of insurance if you will be

operating a motor vehicle. Valid identification must be presented to the Program Supervisor when you report to start the program.

Once you have filled out the application packet completely and obtained all of the required documentation, return all paperwork to the Corrections Center. An application fee of \$35.00 cash or money order must be paid when the application packet is turned in. The application fee is non-refundable. If you mail your application packet and fee, you will need to mail it to:

Correctional Alternative Programs
Attn: Classification Officer
Kittitas County Corrections Center
205 W. 5th Ave Suite 1 / Jail
Ellensburg, WA 98926

***Please do not send cash in the mail, use a money order made out to Kittitas County.**

The Kittitas County Corrections Center is located in Ellensburg, Washington at the intersection of W 6th Ave and Main Street in the Public Safety Building. If you have questions concerning the Correctional Alternative Program, please contact the Program Supervisor either in writing to the address above or by phone at (509) 962-7527.

FACTS ABOUT THE CORRECTIONAL ALTERNATIVE PROGRAM

What is the Correctional Alternative Program?

The Correctional Alternative Program is a variable form of detention and it is designed to be an alternative to full incarceration in the Corrections Center. It includes Work Release, School Release and Electronic Home Monitoring.

What is Work Release and School Release?

These programs allow you to continue to attend your school classes or continue to maintain your employment while serving your sentence. You are required to return to the Corrections Center when not at school or work.

How does Electronic Monitoring Work?

Electronic Monitoring requires you to wear a device about the size of a pager which is secured to your leg above the ankle. The monitoring box keeps track of every time you leave and return. The box will also record any time you tamper; damage or remove the device. It will also record if there is a power or phone line failure.

All programs require you to follow a pre-approved daily schedule. Your schedule will be monitored for any change or deviation. If you are supposed to leave for work at 9:00 AM, but you are sick and don't go, you must contact the Corrections Center immediately and notify them that you did not leave your house as scheduled and why. The device records all of your movements, records times, dates and activity.

What does the Electronic Monitoring System require me to have before I start?

You must have a private telephone line. You must have a touch-tone phone with a cord.

What are the phone line requirements during the time I am monitored?

Cordless phones must **NOT** be used. If you have a cordless phone on the premises, remove the battery and store it away until you are released from Electronic Monitoring. You must have **ALL** custom calling devices removed or disconnected, this includes call waiting, voice mail, call forwarding, caller ID and any 3 way calling features.

- You may **NOT** use a cellular phone
- You may **NOT** use an answering machine at any time while being monitored.
- You may **NOT** interrupt or disconnect phone or electrical service while being monitored.
- You may **NOT** change phone numbers or residences without coordinating the move with your Program Supervisor.
- **No** generators will be allowed. You must have commercial 110-volt power to your residence.

Can I ever leave my house?

Yes. You will meet with your Program Supervisor to set up your regular schedule when the monitoring devices are attached and installed. Changes to your schedule must be made **48 hours** in advance or they will result in violation reports being filed. Your schedule will have to include work hours and approved appointments i.e.: doctor, dentist, probation meetings, treatment sessions, etc.).

How do you know if I leave?

Your schedule is programmed into the monitoring device, if you violate your schedule it sends a signal to the monitor and the violation report is sent to us. We are notified routinely of your activities and will know within minutes of an occurrence.

What happens if I have a violation.

Your Program Supervisor will receive your daily reports. Any violation(s) may be forwarded to the court with jurisdiction over your case. Violations may result in additional criminal charges being filed, such as a probation violation, violation of release conditions, violation of pre-trial release terms or conditions, and even escape. **Escape from Electronic Home Monitoring is a criminal offense with a penalty of up to 5 years in prison.** Certain violations of monitoring are considered as an escape.

Since the programs are an alternative to incarceration, should you violate your program contract and agreement you may be immediately terminated from the program and returned to the Corrections Center to complete the remainder of your sentence.

What can't I do?

Some of the things you cannot do are tamper with the device or attempt to re-adjust the band around your leg. You cannot submerge the device in water. You cannot soak your leg in the tub. You cannot go through security at any airport or controlled entry point. Because of the size of the device and where it is attached, above your ankle, you may not be able to wear some types of boots and clothing. You cannot wear a sock underneath the device.

What about work release?

Work release means you live at the Corrections Center and commute to and from work, adhering to a pre-set and pre-approved schedule. Violations will be handled in a similar manner as those types of violations listed with the Electronic Home Monitoring Program.

What is the benefit of the Correctional Alternative Programs?

The programs allow you to work and function as a member of the community while repaying the debt to society that the courts have imposed upon you. The programs allow you to continue your employment and have contact with approved treatment programs.

Are there special conditions that will make me not eligible for a program?

Yes. For any crime conviction stated in RCW 9.94A.734 and also persons sentenced for certain crimes or types of crime the Program Director feels are unacceptable for eligibility into an alternative program.

How can I change my schedule?

If you need to change your schedule, the request has to be made no less than **48 hours** in advance. If your work schedule changes, you must have your supervisor write a note requesting the change and fax it to the Corrections Center at (509) 962-7037 or deliver both the note and the proposed new schedule to the Corrections Center. If you change your schedule without permission your participation in the program may be revoked and you may be returned to the Corrections Center immediately. Doctor, dental or other medical related appointments require a slip from the doctor's office indicating the time and date of the appointment as well as the name, address and phone number of the doctor you are seeing.

How do I know if I have been accepted into a program?

Once the application has been filed and the application fee paid, it is your responsibility to contact a Program Supervisor at the Corrections Center, (509) 962-7527 and confirm if you were accepted, and schedule your reporting date.

The Corrections Center cannot and will not change the court ordered reporting date. If the court tells you to report on a given date and time, you must be at the Corrections Center at that specific date and time. The court is the only entity that can change your judgment and sentence or commitment.

If you are approved for the Electronic Monitoring Program, on your reporting date you will have the transmitting unit attached to your leg and be issued a receiving device, a phone and power cord along with instructions on what to do with the equipment. Any other required equipment will be issued at that time.

Costs and Payments for Programs

There is a one-time fee of thirty-five dollars (\$35.00) for applying for a program. This fee is non-refundable and is due at time of application submission.

If you are serving a commitment under the supervision of another county, you must pay a (\$50.00) out of county booking fee.

There are daily fees that must be paid for Electronic Monitoring, the fee is fifteen dollars (\$15.00) a day and must be paid thirty (30) days in advance. For any sentence less than thirty (30) days, the entire amount is due upon starting the program.

If a VICAP (Video Information Capture) monitoring unit is recommended or required for Electronic Monitoring, the fee is twenty dollars (\$20.00) a day and must be paid thirty (30) days in advance. For any sentence less than thirty (30) days, the entire amount is due upon starting the program.

For Work Release, the fee is twenty-five percent of your gross income, including overtime or twenty five dollars (\$25.00) a day minimum, whichever is greater and must be paid seven (7) days in advance.

School Release is a flat fee of twenty five dollars (\$25.00) a day and must be paid seven (7) days in advance. Both Work and School Release minimums are figured on a seven day week, not a five day work week. The minimum advance payment will be \$175.00.

All payments must be made in advance and must be made in cash or by money order.

No checks will be accepted.

There is no credit available for any of the programs.

If you violate any of the conditions of the program and are returned to custody, all pre-paid money is forfeited and will not be returned.

For all persons convicted of a crime outside of Kittitas County and who want to serve their commitment on a program in Kittitas County, you must first get written permission from the court of jurisdiction in writing, before you apply and include a copy of that written order with your application. All other rules, payments and costs remain the same, except for those applying for Work Release. The minimum per day fee is sixty dollars (\$60.00) a day or twenty-five percent (25%) of your gross income including overtime, whichever is greater. The minimum advanced payment would be four hundred and twenty dollars (\$420.00).

You must bring the initial fees with you at the time you start your program to remain eligible.

Drug and Alcohol Testing Required

All participants will be required to submit to random drug and alcohol testing. The types of tests used include the PBT (Portable Breath Test) and the Urinalysis Screening Test. The Urinalysis test requires you to provide a sample of your urine within 30 minutes of your arrival for the test. All tests are at your expense. The PBT and the Urinalysis Test are ten dollars (\$10.00) each.

You will be tested on the date you start your program. This test fee is included in the thirty-five dollar (\$35.00) application fee. If you fail the initial clearance test, you will be taken into custody and held until a clean test is obtained, at that time you may be reinstated to the program. The second and all subsequent tests will be at your expense.

While on the program, you may be called upon to submit a random sample for any of the tests mentioned. Failure to respond or supply a sample for testing will result in immediate revocation from the program and you will be returned to custody.

Violations and Complaints

Should we receive any complaint or information regarding your participation in these programs, you may be suspended or terminated from the program. Complaints alleging you were out of your areas, participating in activities you were not approved to participate in, being seen in a business or area you are not allowed to enter, or complaints about behavior, alcohol or drug use will terminate your participation immediately. The Program Director's decision is final.

For those individuals on Electronic Home Monitoring, if you leave early or return late, or the computer records show an unauthorized activity you may be terminated from the program on the first offense. You must make schedule changes at least **48 hours** in advance. You must contact the Program Supervisor to change your schedule. This includes staying home when you are scheduled to be out.

For those on Work Release or School Release, if you do not go to work, you must report it. In addition you must get permission from the Program Director to work any overtime or alter your schedule or route. You may not enter or remain or patronize any establishment where alcohol or drugs are sold, used or consumed except for a grocery store. You must have permission to stop anywhere along the route to and from work including fueling your vehicle, eating a meal, banking or shopping.

Work Release and School Release participants may not carry or use any tobacco products, alcohol or drugs in the Corrections Center. Any violation of this rule will result in termination of your program. If you smoke or use tobacco products on the work/school site, it is your responsibility to make sure you leave them outside the facility.

Delinquent payments are considered a violation of this agreement and will automatically require you to pay the full amount owing or return to the custody of the Corrections Center. A delinquent payment occurs if you are one (1) or more days behind in your payment. Failure to pay may result in the filing of criminal theft charges.

Kittitas County Correction Center Correctional Alternative Programs Program Application

Please select the program(s) you are applying for:

Electronic Home Monitoring Work Release School Release

Application must be filled out accurately and completely.

Please Print or Type

General Information: (Please use separate sheet for any additional information)

Last Name	First Name	Middle Name or Initial	Date of Birth	Social Security Number
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Home Address	City	State	Zip Code	Home Phone
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Mailing Address (If different from above)	City	State	Zip Code	Message Phone
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Height	Weight	Hair Color	Eye Color	Scars, Marks, Tattoo's, Birthmarks
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Do you live alone? Yes No

Name of individual(s) living with you?	Relationship	Date of Birth
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Current Offense Information:

Charge	Cause or Case Number	Sentence Imposed	Probation Officer
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Court Name	Court Address	Sentence Conditions (i.e.: Victim's Panel, Treatment etc.)
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Charge	Cause or Case Number	Sentence Imposed	Probation Officer
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Court Name	Court Address	Sentence Conditions (i.e.: Victim's Panel, Treatment etc.)
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Previous Criminal Convictions:

Conviction One	Court Name	Sentence Imposed
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Conviction Two	Court Name	Sentence Imposed
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Conviction Three	Court Name	Sentence Imposed
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Education:

Last School Attended	Type of School	Diploma/GED	Special Training/License
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Current Offense Details:

Date of Arrest Arresting Agency Location of Arrest Activity at time of Arrest

In your own words, EXPLAIN what happened, including all events leading up to your arrest:

Substance Use Information:

Do you currently use alcohol or any other non-prescription drug? Yes No If yes, List:

Are you currently in treatment for drug or alcohol addiction? Yes No If yes, List:

Was a substance use or abuse involved in this conviction charge? Yes No If yes, List:

What are your treatment program requirements? (List meetings, chemical tests etc.)

Financial Information:

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Your Monthly Gross Income	Food Stamps	Public Assistance	Other Income	Total
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Monthly Rent or Mortgage	Car Payment	Insurance	Utilities	Court Costs/ Fees
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Groceries	Child Support	Other	Total Paid Out	Balance after Expenses

Scheduling Information:

List all activities for each day:

Example: Monday: Leave for Work 7:45AM Arrive Home 5:15PM Leave for AA Meeting 6:45PM Arrive Home 8:30 pm

Monday:

Activity	Time	Activity	Time	Activity	Time	Activity	Time
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Tuesday:

Activity	Time	Activity	Time	Activity	Time	Activity	Time
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Wednesday:

Activity	Time	Activity	Time	Activity	Time	Activity	Time
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Thursday:

Activity	Time	Activity	Time	Activity	Time	Activity	Time
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Friday:

Activity	Time	Activity	Time	Activity	Time	Activity	Time
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Saturday:

Activity	Time	Activity	Time	Activity	Time	Activity	Time
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Sunday:

Activity	Time	Activity	Time	Activity	Time	Activity	Time
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List all special events along with the date, time and location of event: (DWI Victims Panel, Court Dates etc.)

Signature:

I hereby certify that all the information contained in this application is true and accurate to the best of my knowledge. I understand that a complete criminal history, record search will be conducted as part of this application. I further understand that incomplete or incorrect information may be grounds for rejection of this application.

Applicant Signature (First, MI, Last)

Date Signed

Release of Information:

The Revised Code of Washington (RCW) 10.97, Criminal Records Privacy Act, permits release of information. I understand that the Kittitas County Sheriff’s Office, Kittitas County Corrections Center, Program Coordinator, Supervisor or designee of the Kittitas County Correctional Alternative Program may, upon request, provide written information regarding my criminal history, information regarding convictions and those charges with dispositions for which I have been adjudicated on, whether the finding or plea was guilt or innocence. Such disposition of conviction data shall not require written permission from me.

Read and initial.

I further understand that in accordance with the rules and regulation so of the Correctional Alternative Program, my employer (School Superintendent, Principal or Dean of Students) will be advised of my in custody status, the rules and requirements of the program and they may be provided with a copy of my schedule as approved by the Program Supervisor. I further understand that any designated court, probation, corrections, law enforcement or program supervisor may visit my work or school site unannounced and that written evaluations of my work progress and performance may be required for continued participation. I understand that my employer is under no obligation to continue my employment.

Read and initial.

I hereby certify I have read the information above.

Applicant Signature (First, MI, Last)

Date Signed

I hereby certify that I understand that I am in the custody of the Kittitas County Correctional Alternative Program under the direction of the Kittitas County Sheriff. I further understand that I must adhere to the written and approved schedule and that any deviation from that schedule may be considered escape.

Read and initial.

I further understand that if I remove, tamper, attempt to remove or alter the monitoring device or any of the monitoring equipment I will be charged with a felony and that I will be prosecuted to the full extent of the law. I understand that a conviction for escape may carry a prison or jail term.

Read and Initial.

I understand that I may end this program at any time and that I will be returned to the custody of the Corrections Center.

Read and initial.

I understand that I must keep my payments on time and that should I fall behind in paying for the program it may be grounds for termination of the program. Theft charges may be filed against me and may result in my return to custody. I fully agree to pay all costs, fees and assessments for this program including daily monitoring fees, substance abuse testing fees, costs and application fees and I know that such fees are due in advance.

Read and initial.

I understand that I must follow my approved schedule at all times and that I must receive permission from my Program Supervisor for any changes to the schedule. I further understand that should I become ill or unable to attend a scheduled activity, work or other appointment I must notify my Program Supervisor and receive permission to miss the scheduled activity. I understand that I may be required to provide written proof of all schedule changes.

Read and initial.

I hereby certify that I have read all of the above information and initialed each section. I hereby agree to abide by all rules and regulations of the Correctional Alternative Program.

Applicant Signature (First, MI, Last)

Date Signed

Program Rules:

All participants in the Kittitas County Correctional Alternative Program will adhere to the following Program rules:

- You must obtain permission to change your schedule at least **48 hours** in advance of the change.
- You may not quit work, change employment, work overtime or miss work without **ADVANCE** permission to do so.

Your employer or supervisor is required to notify the Corrections Center in advance of any change in schedule or request to work overtime; you may not make that request.

- You must report any change in your employment status within four (4) hours of such change.
- You may not drink or possess any alcohol or drugs. For prescription medication, written proof may be required.
- You must notify the Program Supervisor of any court date(s) or appointments requiring your attendance.
- You must follow all conditions of the program and contracts you signed to participate in these programs.
- You must not commit any new offenses or crimes while on this program.

I hereby certify that I have read all of the above rules and agree to abide by each one.

Applicant Signature (First, MI, Last)

Date Signed

Telephone Requirements for the EHM Program:

The Electronic Monitoring Program portion of the Kittitas County Correctional Programs requires that the participants have the following telephone and services in place and active at the time of hook up.

- You must have a touch-tone phone. Cordless phones must be disconnected and the batteries removed.
- You must have private residential service on the telephone line you are using.
- No cellular phones may be used for the monitoring line.
- No custom calling features may be on the phone line. (Call waiting, call forwarding etc.)
- No other device can share the phone line (answering machines, computers etc.)
- This unit cannot be located in or near a kitchen or microwave.

I hereby certify that I will abide by all of the above requirements for my telephone service and the program system.

Applicant Signature (First, MI, Last)

Date Signed

Consent to Search

I, _____ in consideration of being accepted into the Kittitas County Alternative Program, do hereby consent to a search of my person, belongings, residence, vehicle(s), property or premises at any time during the course of my participation in the Correctional Alternative Program. I hereby consent to allow the Program Supervisor, Chief of Corrections, any representative or designee of the Alternative Program, Law enforcement or Corrections Agency to conduct such a search without a warrant and do not require probable cause. Such searches may be random in timing and no advance notice will be given. I understand that I do have a constitutional right not to have my premises searched without a warrant, for such search however, I willingly waive that right only for the time I am involved in and under the supervision of the Correctional Alternative Program.

[] Read and Initial

I understand that any search shall be for the purpose of ensuring my compliance with the Kittitas County Correctional Alternative Program and program requirements. This shall also include all court ordered conditions such as drug or alcohol testing. I further agree that all such, substance abuse, and program compliance tests will be at my expense. I further agree to abide by all conditions of treatment or behavior contacts that are made a part of this Alternative program.

This document must be notarized.

Applicant Signature

Date Signed

**A Notary Republic MUST witness your signature and their Notary Seal must be affixed below:

I hereby certify under penalty of perjury that the above named person appeared before me and signed this document on the _____ day of _____, 20_____.

Notary Signature

Date Notarized

Residing in

Commission Expires

Affix Seal:

Electronic Monitoring Contract

I understand that a device attached to my wrist or ankle may monitor my participation in the Correctional Alternative Program and that I shall not remove the device nor tamper with it in any way. I understand that the device is attached by a Program Supervisor and may be removed only by a qualified program staff member.

I agree to maintain 110 volt electrical current at my residence which comes from a utility company. I understand that I cannot use a generator as my residential power source for any reason during the length of my program participation.

I agree to arrange and pay for a standard residential telephone line to my residence. I understand there must be no custom calling features, answering machines or answering services attached to the line for the duration of my participation in the Program. I agree to use only an approved telephone and I understand that I cannot use any cordless or cellular telephones, nor have any cordless phone in the house for the duration of my participation in this Program.

I understand that the program monitoring equipment requires it to be attached to the telephone lines in my residence. I hereby agree to permit any Program representative, Law Enforcement or Corrections Official to enter my residence to install, check, monitor, maintain, inspect, replace or remove the program equipment assigned to me.

I understand that I must not tamper with, disconnect or remove any Program equipment without permission from my Program Supervisor. I understand that I may not tamper with, remove or disconnect the ankle or wrist device, or the telephone receive box for any reason, at any time. Any such unauthorized tampering, removal, disconnection, interruption of service or other unauthorized contact with Program equipment will result in termination of my Program participation and the filing of escape, theft or other felony charges.

I understand that I cannot submerge this unit in water for any reason including bathing. I understand that I must not swim, wade, soak or otherwise place this unit or any Program equipment in any liquid for any reason. I understand that doing so will result in the filing of criminal charges against me which may include escape, attempted escape, violations for terms of release, probation violation and or other such charges as deemed appropriate.

I agree to be responsible for all costs for repair or replacement of damaged or destroyed equipment assigned to my Program file including the wrist or ankle bracelet, monitoring device, drive by device, telephone monitoring box, tools or supplies used for the duration of my participation in the program.

I understand that the ankle or wrist device emits a radio signal, which is captured and logged by various monitoring devices. I further understand that should the signal be interrupted, lost changed or damaged, it will be considered a violation of my Program agreement and may result in my immediate arrest. Such violation of my Program agreement may result in new criminal charges being filed and revocation of my Program participation as well as additional incarceration time.

I understand that I must report all power failures, outages or problems immediately. I also understand that if the equipment assigned to me should fail to perform, break or appears to be damaged or broken, I must report that to the Kittitas County Corrections Center immediately. Failure to do so may result in my immediate return to incarceration.

I understand the standard range for the equipment is 100 feet providing there are not obstructions to interfere with the radio signal. I further understand that I must remain at my residence during all unscheduled periods. I understand that I cannot leave early or return late for any reason.

I understand that if there is any change in my schedule it must be authorized a minimum of **48 hours** in advance by a Program Supervisor and must be submitted in writing. Any change in a work schedule must be requested by the employer. If a change is requested to a school schedule, a copy of the schedule must be provided in advance.

I acknowledge that I have read and understand all of the above information:

Participant Signature

Date Signed

Program Supervisor Signature

Employer Sign-Off

I, _____, hereby certify that I am the employer and or
Employer Full Name

direct supervisor of _____ who is
Applicants Full Name

employed by: _____
Company Name

I have been advised that this employee is participating in a Correctional Alternative Program, and that this participation is in lieu of being incarcerated. I understand this employee has been charged or convicted of _____ in the _____ Court.

I understand that this employee is wearing a monitoring device around one ankle or wrist and that this device cannot be immersed in water, soaked, damaged or tampered with in any manner, or this employee is being temporarily released on the work release program for the purpose of retaining his or her employment and shall return to the Kittitas County Corrections Center immediately after work.

I also understand that the employee must follow a strict, pre-approved schedule and that the Program Supervisor must approve any changes at least **48 hours** in advance including any overtime.

I also understand that I must submit a schedule change request to the Program Supervisor if requesting a change in the employee's work schedule and or requesting overtime.

I understand that I am under no obligation to continue this employee's employment and I further agree to notify the Kittitas County Corrections Center, in advance, if I decide to terminate this employee.

If I have any questions I will contact the Program Supervisor at the Kittitas County Corrections Center at 509-962-7527.

Employer/Supervisor Signature

Date Signed

Business Address

Business Phone Number