



STATE OF ALASKA  
DEPARTMENT OF CORRECTIONS

# Electronic Monitoring Employment Verification Form

Offender's Name: \_\_\_\_\_ Offender #: \_\_\_\_\_ Date Signed: \_\_\_\_\_

During the time the offender is on DOC Electronic Monitoring (EM), we request the employer to contact EM Officers if the employee does not report to work or is terminated from his/her job, or the employer is concerned with the employee's behavior.

We also request notification if the employer employs anyone under the age of 16.

For the offender to be approved to work for your agency, the offender must be paid by a legitimate employer.

Occupations that require unpredictable travel and/or travel outside the designated EM service area may not be approved.

**The offender is responsible for providing a schedule of hours he/she is required to work for your agency, a week in advance of the schedule. Should a schedule change be required on an emergency basis, it must be reported directly to the EM Officers prior to the employee being able to work the hours.**

The EM Program Officers may make random checks in person or with a drive-by scanner to confirm the employee's presence at work. We make every effort to not interfere with the employers' business needs and the need to make random checks is to ensure compliance of the offender. Violation of work release may result in a loss of work privileges and/or incarceration at the nearest correctional center. The EM Officer will make efforts to contact you if these things occur.

**If you, the employer, have any questions regarding the above listed conditions, please contact the EM Officers immediately.** If you are willing to accept these terms, please sign below and return this form to the EM Officers within seven (7) business days. You may keep a copy for your records.

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Name and Address of Company: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name of Supervisor (Please Print) Telephone Number Hours you may be contacted

\_\_\_\_\_  
Supervisor Signature E-mail address

Scheduled Hours/Work Schedule:

\_\_\_\_\_

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