



## EAU CLAIRE COUNTY HUBER CENTER

### EMPLOYMENT INFORMATION FORM

THIS FORM TO BE COMPLETED BY EMPLOYER

DATE:

EMPLOYEE'S NAME (last, first, middle):

I request that the following employment be authorized for my Huber work release:

Business Name:

Phone #:

Owner of Business:

Work Supervisors Name:

Employer Insurance Carrier to provide certificate of insurance to Huber Center

Job Title:

Job Location:

Employment Start Date:

Next Pay Check Date:

Rate of Pay: \$ per hour

Pay cycle days of week employee will be working: M T W TH F S SU

Normal work hours: Start time: am pm End time: am pm

Number of hours the employee normally works per week:

Print/Type Name of employer:

Signature of employer: \_\_\_\_\_ Date:

Please mail this form to: Eau Claire County Jail  
Huber Center  
Attention: Huber Officer  
710 Second Ave.  
Eau Claire, WI 54703

Or scan and e-mail to: [Huber.EM@co.eau-claire.wi.us](mailto:Huber.EM@co.eau-claire.wi.us)

Or fax to: 715-855-6129