



ONEIDA COUNTY SHERIFF'S OFFICE

Grady M. Hartman
Sheriff

Daniel L. Hess
Chief Deputy



ONEIDA COUNTY JAIL Inmate Worker Agreement

The following is a guideline for the rules of the Oneida County Huber Inmate Worker Program. These rules should be used as an example and are not all encompassing. Each application will be considered on its own merits and will ultimately be decided based on the sole discretion of the Oneida County Sheriff. The Oneida County Sheriff reserves the right to approve or deny Huber Inmate Worker privileges as he sees fit.

I, _____, have volunteered to work during the period of my sentence in the Oneida County Jail. I must understand and obey all rules and regulations of the Oneida County Jail. Any infractions may result in disciplinary action or criminal charges. This may include the loss of good time earned and loss of Huber Inmate Worker status. I understand that a copy of this agreement will be kept in the Inmate Custody file.

I understand that I may be removed from any work crew assignment for any of the following, but not limited to, reasons:

1. Failure to perform assigned work in an adequate manner
2. Failure to obey instructions
3. Show disrespect to work supervisor or corrections officer
4. Receipt of any disciplinary action for violation of Oneida County Jail rules and/or regulations for inmates and/or any other policy pertaining to inmates
5. Negligence causing injury to myself, another inmate, or staff member
6. Use of profane language
7. Attempting to gain personal contact with family or friends, or family or friends of any other inmate
8. Attempting to introduce tools, work equipment, or other contraband into the Oneida County Jail
9. Requesting or attempting to gain any favor from a member of the corrections staff or work supervisor in conjunction with any work assignment
10. Use of tobacco, alcohol, or any illegal substance
11. Purchasing or acquiring products by any means
12. Found outside my assigned work area
13. Any unauthorized use of cell phone or any form of internet access
14. Failure to report any injury, no matter how minor, **IMMEDIATELY** to work supervisor

I hereby indemnify Oneida County and hold harmless in respect to losses or injuries suffered by me, resulting from the county's negligence or failure to carry out its responsibilities.

I have read the above guidelines and agree to follow all rules and regulations set forth by the Huber Inmate Worker Program.

(Inmate Signature)

(Date)

(Work Supervisor Signature)

(Date)

(Print Name)

(Department)