

CLIENT EMPLOYMENT INFORMATION

FORM 2336B-20

Client's Name:		ICON#:	RPPO:
Employer's Name:		Phone #:	
Employer's Address:			
Client Job Title:		Supervisor:	
Status:	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Spot Job/Temporary
	<input type="checkbox"/> Seasonal	Work Hours:	<input type="checkbox"/> Varied <input type="checkbox"/> Regular
Wage:	<input type="checkbox"/> Hourly: \$	<input type="checkbox"/> Salary: \$	
Paid:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Semi-Monthly
	<input type="checkbox"/> Monthly	Paid On:	Date of 1 st Paycheck:
Payment Method:	<input type="checkbox"/> Paper Check	<input type="checkbox"/> Pay Card	<input type="checkbox"/> Direct Deposit
DCS Staff verified with the employer that the employee is on the sex offender registry (if applicable):			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

	Work Start Time	Work Stop Time	Special Instructions
Monday			<ul style="list-style-type: none"> ▲ Must document worked hours in the employment binder daily. • Must call staff if working later than ETR or returning 30 minutes or earlier than end of shift. • May not leave work site location • Must receive advance staff permission for work location changes – call before & after changing locations. • Resident's must turn in their pay stubs in order for staff to take money off their pay cards. • Tips – Residents need to turn in all tips to staff daily.
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

For Public Information Only

Transportation		
Mode	Work Agency	Temp Agency
<input type="checkbox"/> Walking	_____ min	_____ min
<input type="checkbox"/> Bike	_____ min	_____ min
<input type="checkbox"/> Ride	_____ min	_____ min
<input type="checkbox"/> NTS		
Leave Time →	_____ hours	_____ hours
<input type="checkbox"/> Bus	Route _____ hours	Route _____ hours
	Route _____ hours	Route _____ hours
	Route _____ hours	Route _____ hours
	Route _____ hours	Route _____ hours
Return Time →	_____ hours	_____ hours

Should I violate the program by Escape or be returned to an institution, I authorized the District and Stated Department of Corrections staff to pick up any remaining pay from my employer and to use my funds for repayment of any debts, as provided in Section 904.905, Code of Iowa.

I have read (had read to me), understand and agree to abide by the above pass plan/employment information while at Anchor Center

Client's Signature:	Date:
Verified & Witnessed By:	Date: