

- _____ 7. You may not possess any weapons (including all knives) while working in the program. If you are found to possess any weapon during the work day, you will be immediately failed from the program.
- _____ 8. If you are unable to work on your scheduled day, you must contact the WCS at (530) 458-5871 (leave message) by 5:00 p.m. the day prior or your absence will be considered unexcused and you will be failed from the WR program or given an unexcused absence for AWP. You must bring dated documentation for your absence on your following workday.

THE FOLLOWING ARE ACCEPTABLE EXCUSED ABSENCES:

- Death of a family member. Authorized documentation includes: copy of death certificate, obituary, or funeral receipt.
 - Medical/Dental reason a doctor or dentist would require you to recuperate.
 - Immediate family member admitted to hospital with serious injury. The WCS will need the family member's name, hospital and phone number for verification.
- _____ 9. Use of restrooms are limited to breaks and lunch.
- _____ 10. The use of tobacco (smoking or smokeless) and cellular telephones will only be allowed on authorized breaks.
- _____ 11. If it is raining on your scheduled day of work, you must report as directed. Be prepared to work in any weather condition. It is up to the discretion of the WCS to determine if you will be required to work that day.
- _____ 12. You may bring water or sports drinks (such as gatorade). Any other drinks will only be allowed during lunch.
- _____ 13. Wear clothing appropriate for moderate - heavy labor. Expect your clothes to get dirty. No open toed shoes, such as flip-flops or sandals will be allowed. No sleeve-less shirts are allowed.
- _____ 14. Abide by all rules and orders set forth by the Work Crew Supervisor. Failure to do so will result in your failure from WR or day failure from AWP.

I understand I may be failed from the Alternative Work/Work Release Program if I do not follow these rules, and that such failure constitutes a violation of probation. I fully understand the terms and conditions of the program. I agree to comply with all Program regulations and rules.

Signature

Date