
(Name of reentry center)

WORK ASSIGNMENT PAYMENT AGREEMENT

I understand that as a resident of the _____ County Reentry Center I must participate in a work assignment. I understand that as a condition of this assignment I am responsible for depositing ten percent (10%) of my income into a savings account, directing fifteen percent (15%) of my income to the payment of restitution if applicable, and may be required pay a work assignment fee to the _____ County Reentry Center at a rate not to exceed twenty percent (20%) of my income.

Inmate Signature

Date

Jailer Signature

Date