

**GEORGIA DEPARTMENT OF CORRECTIONS
TRANSITIONAL CENTER RESIDENT
PAYCHECK PROCEDURE, SEARCH FEE, AND POSITIVE ALCOHOL/DRUG TEST FEE AGREEMENT**

I hereby give the Transitional Center officials authorization to pick up my paycheck at any time for any reason from any of my employers. I also authorize the Transitional Center officials to arrange to have my paycheck mailed to the Center by my employer. I understand that these aforementioned paychecks will be deposited into my resident account with deductions being made to cover those expenses and obligations, which I owe to the Center. This would include maintenance deductions (room and board) and any other legitimate financial obligations including, but not limited to transportation and medical expenses, that I incur while in work-release status at the transitional center.

I also waive the right to endorse any paychecks or any other checks I receive, and further authorize the Transitional Center to deposit any paychecks I receive into my account. In giving such authority to the Transitional Center, I also authorize all employers to turn in all earnings to the Transitional Center. All earnings must be mailed to the Center, turned in to the Center by my employer, or picked up by Center staff. I understand that I am not allowed to handle my earnings, unless I have written notice that the Superintendent has approved my employer to issue my check directly to me. If I pick up my own check, I will immediately turn it in to the Center without attempting to cash it. Under no circumstances will I accept cash from my employer.

I also understand that cashing a paycheck, failing to turn in earnings, borrowing money from an employer, or requesting a salary advance is against the rules of the Transitional Center and will warrant disciplinary action.

If I have any questions regarding my account, I will see my counselor.

Should I enter either unauthorized absence, as defined by procedure, or escape status, I agree for the Center to hold all funds in my account until such time that I am again in the custody of the Georgia Department of Corrections. I further understand that my inmate account shall be charged two hundred dollars (\$200.00) in the event of my escape/unauthorized absence from the Transitional Center. I am authorizing the Center Business Manager to withdraw the fee from my inmate account in the event of my escape. I understand that I will be required to maintain a minimum of two hundred dollars (\$200.00) in my account until I am released. I also understand that said \$200.00 would not be returned to me in the event of my recapture.

I also understand that if I have a positive (+) alcohol test my resident account will be charged \$100.00 and if I have a positive (+) drug test my resident account will be charged \$200.00. Although this fee is not a disciplinary sanction, it shall be withdrawn at the conclusion of the process on a "guilty" disciplinary report to allow for the finding of fact and due process.

It has been explained to me that this agreement has no effect on the State's or institution's right to prosecute me for the offense of escape or other related charges.

I have read or have had read to me the above statements, and I understand them completely. I also understand that failure to adhere to this agreement will result in removal from the program.

Resident's Signature

Date

Staff Signature

Date

Retention Schedule: Once completed, this form shall be placed in the resident's institutional file and maintained according to the official retention schedule for institutional files.