



**STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
WORK RESPONSIBILITIES**

TO: _____ DOC ID#: _____ DATE: _____
Offender's Name

You have been assigned work as the _____ for the _____
(Title)
_____ and listed below are your duties, responsibilities
Department / Program
and information on the assignment.

1. Your main duties are as follows:
 - a. _____
 - b. _____
 - c. _____
2. Your pay will be \$ _____ per hour/month.

Offender Community Work Rules & Regulations:

1. Offenders are prohibited from operating a motor vehicle away from the facility (exception: heavy equipment items or State vehicles may be operated with approval by the facility). No offender will operate a motor vehicle for any reason without a current Montana State Driver's License.
2. Offenders may not at any time leave assigned work sites.
3. Whenever possible, offenders will take rest breaks away from public view and in a manner that limits public contact.
4. Offenders must wear safety and protective clothing and eye covering while working.
5. Offenders must immediately report all injuries, safety hazards, and broken or malfunctioning equipment to the supervisor.
6. Offenders may not possess, use, or have in their control any item considered contraband in accordance with *DOC Policy 3.1.17, Searches and Contraband Control*.
7. Offenders will stay away from hazardous equipment while it is in operation.
8. Offenders may not ride on vehicles or equipment in an unsafe manner.
9. Offenders will follow all instructions given by supervisor(s).
10. Offenders will be courteous and respectful toward staff/supervisors and members of the public at all times.

I have read, or had read to me, the _____ rules contained in this employment
orientation material.
Title

Offender Name (Please Print) _____ Offender Signature _____

DOC ID # _____ Date _____

Supervisor or designee Signature _____ Date _____