APPLICATION FOR PRIVATE SECTOR WORK
PRIVATE INDUSTRY ENHANCEMENT CERTIFICATION PROGRAM

Name	ODOC #	SSN

I hereby voluntarily apply to work for the private sector under the Private Industry Enhancement Certification Program (PIECP).

I understand that I will be screened for employment, and if approved, I will be interviewed for employment.

If I am employed, I agree as a condition of employment to the following:

I. Deductions will be made from my gross monthly wages, to be distributed as follows:

A. Payroll deductions, as required by law, which may include but are not limited to state and federal income taxes, social security and Medicare assessments. I agree, I will restrict the number of exemptions claimed for withholding income to the verifiable number of authorized dependents and will not request additional taxes be withheld from my pay. My withholding is determined as follows:

1. Marital Status (check one)

☐ Single ☐ Married

If married, spouse's name: _____

Single inmates will have withholding pursuant to the withholding rates for single persons. Married persons will have withholding pursuant to the withholding rates for married persons.

2. The number, of exemptions, will be the number of children the inmate provides primary financial care for, plus one.

Number of children: _____

Plus one +1

Total exemptions: _____

B. Up to 80 percent of net wages will be deducted for Program Support Assessment, pursuant to Section 549 of Title 57 of the Oklahoma Statutes. Five percent of my gross wages will be deposited in the Oklahoma Crime Victims Compensation Fund by the Department of Corrections from the Program Support Assessment.

C. Any amount required for court ordered child support or family support will be deducted from my net after taxes and program support fees. If none exists, proceeds are deposited to my accounts.

D. Twenty percent of net wages after taxes will be deposited in mandatory savings, in accordance with Section 549 of Title 57 of the Oklahoma Statutes.

E. Any applicable ordered deductions, including co-payments, fines and restitution, will be deducted from my final net pay.

II. I understand I will not be eligible for unemployment benefits and, if applicable, any workers' compensation benefits awarded will be deposited in my savings account and will not be available to me until my discharge.

I have read and understood the foregoing, and if employed, I agree to abide by the wage distributions set out above. I understand that my employment is "at will" and I am not guaranteed my employment will have any specific duration. "At will" will mean my employment may be terminated for any reason and any termination action is without recourse by the inmate.

_____ _____

Inmate Signature Date

_____ _____

Witness Signature Date

(R 04/24)