pennsylvania
BOARD OF PROBATION AND PAROLE

STATEMENT OF EMPLOYER

Send this form to the person who is offering you employment. When they return the completed form to you, forward the form to the institutional parole office.

Return To:

Offender Name	

Inmate Number		SCI-	

SCI Address	

[This section is to be completed by the employer] Please print (except for signature)

Institutional Parole Staff:

I agree to employ the above named person who is currently seeking parole. To the best of my ability and as conditions permit, I will provide employment in the occupation of

at a beginning salary or wage of

$	per	

in the event he/she is released on parole. If his/her services become unsatisfactory, I agree to report that fact to parole supervision staff.

Earliest date employment will be available			
Latest date employment will be available			
Employer's Name			
Employer's Position Title			
Name of Organization/Company			
Organization/Company Address			
Employer Signature			
Employer Phone Number		Date	

Parole supervision staff will be contacting you to obtain verification.