

**FLORIDA DEPARTMENT OF CORRECTIONS
PAID EMPLOYMENT
MONETARY REIMBURSEMENT AGREEMENT**

In accordance with Florida Statutes 945.091 and 945.31, the Department of Corrections shall require inmates at paid employment to provide monetary reimbursement to the courts and to the aggrieved parties caused by the offense of the inmate, in an amount to be determined by the department. I, _____, hereby agree to comply fully with this

Inmate Name DC #

agreement while participating in the Community Release Program. I agree that the rate of reimbursement payment shall be no less than 10% of my net earnings.

I acknowledge the below listed monetary obligations:

Reimbursement Amount	Case #	Payee
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

I understand that refusal to sign this agreement or failure to comply with said agreement, shall make me ineligible for placement or participation in the Community Release Program. The above instructions and amounts have been read and explained to me, and I agree to abide by this agreement.

_____ Inmate Name (Typed or Printed)	_____ DC#	_____ Date	_____ Inmate Signature
_____ Staff Witness (Typed or Printed)	_____ Title	_____ Date	_____ Staff Signature* *I acknowledge that the appropriate information above has been entered on the proper OBIS screens.