

ATTACHMENT I
GEORGIA DEPARTMENT OF CORRECTIONS

**VOLUNTARY AGREEMENT OF PARTICIPATION & WAGE DEDUCTION
PRISON INDUSTRY ENHANCEMENT CERTIFICATION ("PIECP") WORK
PROGRAM**

I _____ GDC# _____ hereby certify
that I have voluntarily applied for a position in the
_____ PIECP Work Program and agree to the
following conditions of employment:

- A. If I am chosen to work in the PIE Work Program, I agree to the following deductions and distributions from the funds received:
1. All applicable local, county, state, and federal taxes.
 2. Five percent of gross wages shall be applied to the Georgia Crime Victim's Emergency Fund.
 3. If I have court ordered obligation to a particular victim or restitution, ten percent of my gross wages shall be paid to such orders.
 4. Twenty five percent of gross wages will be retained by the Georgia Department of Corrections for room and board.
 5. Ten percent of gross wages to a mandatory saving account that shall be placed in a saving account in my name for withdrawal upon my release from confinement from the Georgia Department of Corrections.
 6. If I have court ordered child support, all wages going into my inmate account over twenty percent of gross wages and in excess to the above deductions will be used to pay child support.
 7. The remainder of gross wages shall be deposited into my inmate account for my personal use while incarcerated.

- B. I will restrict the number of my exemptions claimed for withholding taxes to my verifiable number of authorized dependents and I agree not to request additional tax to be withheld from my pay.
- C. I understand that the above formula is subject to change by the Georgia Department of Corrections through written notification to me.
- D. If I disagree with any changes made to the disposition of wages, I understand that I may discontinue participation in the PIECP work program.
- E. I agree to comply with all of the rules of the private employer and the correctional facility in which I am housed. I understand that failure to comply may result in my termination from participation in PIECP work programs.

INMATE NAME & GDC#

DATE

STAFF WITNESS

DATE

RETENTION SCHEDULE: Upon completion the form is to be placed in the Inmate's Facility Administrative File. Retention of this form shall be in accordance with the retention schedule for that file.