ELECTRONIC MONITORING SCHEDULE FOR THE WEEK OF _____

NAME _____ OWES _____ LEVEL _____

| | TIME OUT THE DOOR | WHERE / REASON | START TIME | END TIME | TIME IN THE DOOR |
|---|---|---|---|---|---|
| **MONDAY** | | | | | |
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| **TUESDAY** | | | | | |
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| **WEDNESDAY** | | | | | |
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| **THURSDAY** | | | | | |
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| **FRIDAY** | | | | | |
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| **SATURDAY** | | | | | |
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| **SUNDAY** | | | | | |
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| **MONDAY** | | | | | |
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| **TUESDAY** | | | | | |
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ERRANDS 3 HOURS - ONLY ALLOWED IF LIVES ALONE
SCHEDULES DUE BY MONDAY OF EACH WEEK
ONCE SCHEDULE IS SUBMITTED IT CANNOT BE CHANGED

EM ***EMERGENCY*** CELL PHONE (812) 828-7660

BE ADVISED: THIS PHONE IS ROTATED THROUGH STAFF. THEY CANNOT MAKE SCHEDULE CHANGES.

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