ELECTRONIC MONITORING PROGRAM SCHEDULE

This form <u>must</u> be submitted each Wednesday <u>before</u> 4:00 p.m. Schedules must be filled out completely including all addresses for locations or your schedule will be denied ONCE A SCHEDULE IS SUBMITTED, IT IS FINAL! Schedule changes will <u>only be permitted</u> for <u>MEDICAL EMERGENCIES</u>									
FULL NAME: ADDRESS: ALTERNATE CONTACT TELEPHONE NUMBERS: List anyone else residing in your home:									
AA: no more than 2 ½ hours per meeting includes travel time averhealth: no more than 2 hours per day includes travel time Bank: approximately 30 minutes per week Church: once a week no more than 2 ½ hours includes travel time Doctor Appointments/Treatment: permitted as scheduled (may attend Dr. appointments for your minor children) Employment: 40 hours per week/10 hours of SCHEDULED overtime will be permitted plus travel time					Grocery shopping/Laundry: only if living alone 2 hours per week includes travel time Haircut: only permitted once per month if house arrest exceeds 30 days for 2 hours includes Job Search: only if not employed full-time maximum of 4 hours per week includes travel time School/College/Trade School: must be registered as a student (verification required)				
DATE		LEAVE am/pm	RETURN am/pm		LOCATION	TELEPHONE NUMBER			
Monday /_/	1 2 3 4 5 6 7 8								
Tuesday /_/	1 2 3 4								

	1		
	1		
Wednesday	2		
	3		
	4		
	5		
	6		
	7		
	8		
	1		
Thursday //	2		
	3		
	4		
	5		
	6		
	7		
	8		
	1		
Friday //	2		
	3		
	4		
	5		
	6		
	7		
	8		
Saturday /_/	1		
	2		
	3		
	4		
	5		
	6		
	7		
Sunday /_/	1		
	2		
	3	_	
	4		
	5		
	7		
	7		