

## WORK RELEASE SCHEDULE

Inmate Name: \_\_\_\_\_ Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Job Site: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Transporter: \_\_\_\_\_

Inmate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Day	Date	Time You Will Leave The Unit	Time You Will Arrive At Work	Time You Will Leave Work	Time You Will Arrive Back @ Unit
MON					
TUE					
WED					
THUR					
FRI					
SAT					
SUN					

The above schedule must be completed by the inmate in conjunction with his/her employer. The schedule runs Monday through Sunday and must be submitted to your point of contact as instructed. Normal working hours for work release inmates will be between 5:00 a.m. and 11:30 p.m. Any changes to this schedule must be approved by unit staff.