

WEEK OF _____ TO _____ Turn in Schedule at DCDF

Day: _____

Time: _____

GPS INMATE WORK SCHEDULE

MUST be completed IN FULL and turned in every week on your program payment day.

IF missing any information, your schedule will be rejected and you will NOT be allowed to go to work until it is completed fully.

SCHEDULE INSTRUCTIONS:

YOU MUST TURN IN A WORK SCHEDULE EVERY TIME YOU COME AND PAY YOUR FEES AT THE DCDF. YOUR WEEKLY SCHEDULE BEGINS ON THE DAY OF THE WEEK YOU PAY YOUR FEES AND CONTINUES FOR SEVEN DAYS (example... if you pay on Thursday your week always starts on a Thursday to the following Wednesday). **YOUR SCHEDULE MUST ALSO BE ONE WEEK IN ADVANCE** (example... a schedule handed in on the 1st should be a schedule for the 8th to the 14th). INMATES WORKING AT VARIOUS JOB SITES (example... self-employed, construction) OTHER THAN THE ADDRESS LISTED ABOVE, LIST JOB LOCATION FOR EACH DAY ON THE BACK OF THIS FORM. INCLUDE A SPECIFIC STREET ADDRESS (HOME/FIRE NUMBER) & CITY, PHONE. YOU ALSO MUST LIST THE HOURS YOU ARE WORKING AT EACH SITE. **WRITE "IN" ON THE DAYS YOU ARE NOT WORKING.** All appointments, including weekly program payments, should also be written on this schedule. The time, location, and expected length of appointment should be included in the location area.

INMATE NAME _____

EMPLOYER _____ PHONE NUMBER(S) (____) _____

EMPLOYER'S ADDRESS _____ CITY _____

IMMEDIATE SUPERVISOR(S) FULL NAME _____

DRIVER #1 _____ DRIVER#2 _____

DRIVER #3 _____ DRIVER#4 _____

#1 VEHICLE MAKE _____ MODEL _____ COLOR _____ PLATE# _____

#2 VEHICLE MAKE _____ MODEL _____ COLOR _____ PLATE# _____

#3 VEHICLE MAKE _____ MODEL _____ COLOR _____ PLATE# _____

#4 VEHICLE MAKE _____ MODEL _____ COLOR _____ PLATE# _____

NAME _____ WEEK OF _____ TO _____

DAY OF WEEK: (CIRCLE ONE) **MON TUES WED THURS FRI SAT SUN**

TIME LOCATION
START _____ am / pm
----- CIRCLE _____
END _____ am / pm

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TIME LOCATION
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----- CIRCLE _____
END _____ am / pm

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