

**BOONE COUNTY COMMUNITY CORRECTIONS
SCHEDULE AND REQUEST FORM**

NAME: _____ HOME # _____ CELL # _____
 HOME ADDRESS: _____
 EMPLOYER (A): _____ PHONE: _____
 EMPLOYER'S ADDRESS: _____
 EMPLOYER (B): _____ PHONE: _____
 EMPLOYER'S ADDRESS: _____

HAS ANY OF THIS INFORMATION CHANGED SINCE YOUR LAST CHECK IN? Y or N

Day/Date	Leave time	Actual time/Event	Return time	Remarks
Wed				Lunch:
				# work hours:
Thurs				Lunch:
				# work hours:
Friday				Lunch:
				# work hours:
Sat				Lunch:
				# work hours:
Sun				Lunch:
				# work hours:
Mon				Lunch:
				# work hours:
Tues				Lunch:
				# work hours:

Total work hours for week ____

I request to go to the following locations for the purpose of, and at the date and times indicated above. Indicate location requested below.

1. _____
2. _____
3. _____
4. _____

1AM = 0100	7AM = 0700	1PM = 1300	7PM = 1900
2AM = 0200	8AM = 0800	2PM = 1400	8PM = 2000
3AM = 0300	9AM = 0900	3PM = 1500	9PM = 2100
4AM = 0400	10AM = 1000	4PM = 1600	10PM = 2200
5AM = 0500	11AM = 1100	5PM = 1700	11PM = 2300
6AM = 0600	12PM = 1200	6PM = 1800	12AM = 2400

Field Coordinator

Date

- ____ verification received
- ____ fees paid
- ____ urine screen conducted
- ____ positive feedback