



ELECTRONIC MONITORING SCHEDULE

Name: _____ DOC number: _____

Office/unit number: _____

EM unit number: _____ EM transmitter number: _____

Date of electronic monitoring: _____ to _____

Check one: Permanent Temporary schedule (use dates)

Check one: In addition to present schedule In replacement of present schedule

	MON	TUE	WED	THUR	FRI	SAT	SUN
DATE							
Leave							
Return							
Leave							
Return							
Leave							
Return							

I understand that the above schedule is the approved hours that I am to remain at my designated location while on electronic monitoring.

Signature

Date

Case manager

Signature

Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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