HOME DETENTION SCHEDULE FOR THE WEEK OF _____

NAME _____ OWES _____ LEVEL _____

	TIME OUT THE DOOR	WHERE / REASON	START TIME	END TIME	TIME IN THE DOOR
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
MONDAY					
TUESDAY					

ERRANDS 3 HOURS - ONLY ALLOWED IF LIVES ALONE
SCHEDULES DUE BY MONDAY OF EACH WEEK
ONCE SCHEDULE IS SUBMITTED IT CANNOT BE CHANGED

HD ***EMERGENCY*** CELL PHONE (812) 828-7660

BE ADVISED: THIS PHONE IS ROTATED THROUGH STAFF. THEY CANNOT MAKE SCHEDULE CHANGES.

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