



STATE OF ALASKA
DEPARTMENT OF CORRECTIONS

Electronic Monitoring One Time Schedule Form

OFFENDER NAME: _____

OFFENDER #: _____

CONTACT / CELLULAR #: _____

SCHEDULED LOCKDOWN DAY: _____

TODAY'S DATE: _____

DATE & TIME OF EVENT: _____

Mon Tues Wed Thur Fri Sat Sun

REASON AND ADDRESS: _____

APPROVED TIME OUT: _____

APPROVED BY: _____

INPUT IN BI: Yes _____ No _____