



ALASKA DEPARTMENT OF CORRECTIONS
HOUSE ARREST PROGRAM
ELECTRONIC MONITORING
Daily/Weekly Schedule

NAME/OB#: _____ DATE: _____

SUNDAY: LOCATION(S): _____ TIME(S): _____

MONDAY: LOCATION(S): _____ TIME(S): _____

TUESDAY: LOCATION(S): _____ TIME(S): _____

WEDNESDAY: LOCATION(S): _____ TIME(S): _____

THURSDAY: LOCATION(S): _____ TIME(S): _____

FRIDAY: LOCATION(S): _____ TIME(S): _____

SATURDAY: LOCATION(S): _____ TIME(S): _____

SOBRIETOR SCHEDULE:

SUN MON TUE WED THU FRI SAT
