

Residential Work Facility Schedule

Name: _____ Date: _____

Every single time you leave the facility it must be on this schedule. Schedule all activities in blocks unless absolutely necessary. You are required to include AM/PM on this schedule as well as a specific Name and Street Address for each location. This schedule must be approved by DCCC Staff.

Monday		Date _____	
Appointment Type/Location Name	Address	Check OUT	Check IN
MEETINGS IN THE FACILITY ONLY	NAME OF MEETING		
Tuesday		Date _____	
Appointment Type/Location Name	Address	Check OUT	Check IN
MEETINGS IN THE FACILITY ONLY	NAME OF MEETING		
Wednesday		Date _____	
Appointment Type/Location Name	Address	Check OUT	Check IN
MEETINGS IN THE FACILITY ONLY	NAME OF MEETING		
Thursday		Date _____	
Appointment Type/Location Name	Address	Check OUT	Check IN
MEETINGS IN THE FACILITY ONLY	NAME OF MEETING		

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Friday		Date _____	
Appointment Type/Location Name	Address	Check OUT	Check IN
MEETINGS IN THE FACILITY ONLY	NAME OF MEETING		
Saturday		Date _____	
Appointment Type/Location Name	Address	Check OUT	Check IN
MEETINGS IN THE FACILITY ONLY	NAME OF MEETING		
Sunday		Date _____	
Appointment Type/Location Name	Address	Check OUT	Check IN
MEETINGS IN THE FACILITY ONLY	NAME OF MEETING		

Case Meeting-30
 Comm. Svc.
 Bank-15
 Gas - 10
 Dr/Crt - 60 Min

DATE I WILL TURN IN MY NEXT PAY STUB AND PAY FEES _____

- a. Make sure you have included all events on your schedule. If you do not have something on your schedule and you call to add it after you have turned your schedule in, it may be denied and sanctions may be issued.
- b. Be advised that participants must remain in the facility a minimum of eight (8) consecutive hours for each twenty-four (24) period. Excessive overtime requests may be denied.
- c. Participant Notes:

FOR OFFICE USE ONLY			
CONTACT SHEET <input type="checkbox"/> Y <input type="checkbox"/> N	COMM. SVC <input type="checkbox"/> Y <input type="checkbox"/> N	RECEIPTS <input type="checkbox"/> Y <input type="checkbox"/> N	PAYSTUBS <input type="checkbox"/> Y <input type="checkbox"/> N
DCCC APPROVED AND ENTERED INTO SRS BY: _____			
SRS ENTRY VERIFIED BY: _____			
CASE MANAGER DH/CM/TC/SM _____		DCCC NOTES: _____	