

**HOME CONFINEMENT PROGRAM
DAILY ACTIVITY FORM**

EFFECTIVE DATE: _____

PARTICIPANT: _____

MONITORING UNIT #: _____

Days (e.g., <i>Mon-Fri</i> or <i>Week 1</i>)	Leave Time	Enter Time	Activity (e.g., <i>employment, counseling, religious activities</i>)

PARTICIPANT SIGNATURE: _____

DATE: _____

_____ One Time change _____ Permanent Schedule
) or Phone () number you can be reached at to be advised if this schedule is approved or disapproved: _____

Fax (