



STATE OF ALASKA  
DEPARTMENT OF CORRECTIONS

## Electronic Monitoring Weekly Schedule

Offender Name: \_\_\_\_\_ Offender #: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Contact/Cell #: \_\_\_\_\_

### OFFENDER ENTRY

MONDAY: LOCATION(S): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

TUESDAY: LOCATION(S): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

WEDNESDAY: LOCATION(S): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

THURSDAY: LOCATION(S): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

FRIDAY: LOCATION(S): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SATURDAY: LOCATION(S): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SUNDAY: LOCATION(S): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

WORK NAME/ Phone Number: \_\_\_\_\_

Address and Contact #: \_\_\_\_\_

TREATMENT Name/ Phone Number \_\_\_\_\_

Address and Contact #: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

### OFFICER ENTRY

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_