

**GREEN LAKE COUNTY CORRECTIONAL FACILITY
EMP APPOINTMENT/STOPS SCHEDULE**

Inmate's Name: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: (____) _____

This schedule must be completed by the inmates documenting any appointments or stops needed during the week. Please note that all fields must be filled in and must include the inmate's signature at the bottom. If the inmate's appointments/stops schedule does not change from week to week, you may check the box that indicates this (and will not need to fill in the dates on the schedule). **Any Schedule changes need to be received with 48-hour notice**, in order to be reviewed for approval.

MONDAY ADDRESS: _____ REASON: _____

DATE: ____/____/____ START TIME: ____:____ □AM □PM END TIME: ____:____ □AM □PM

TUESDAY ADDRESS: _____ REASON: _____

DATE: ____/____/____ START TIME: ____:____ □AM □PM END TIME: ____:____ □AM □PM

WEDNESDAY ADDRESS: _____ REASON: _____

DATE: ____/____/____ START TIME: ____:____ □AM □PM END TIME: ____:____ □AM □PM

THURSDAY ADDRESS: _____ REASON: _____

DATE: ____/____/____ START TIME: ____:____ □AM □PM END TIME: ____:____ □AM □PM

FRIDAY ADDRESS: _____ REASON: _____

DATE: ____/____/____ START TIME: ____:____ □AM □PM END TIME: ____:____ □AM □PM

SATURDAY ADDRESS: _____ REASON: _____

DATE: ____/____/____ START TIME: ____:____ □AM □PM END TIME: ____:____ □AM □PM

(NO APPOINTMENTS/STOPS ARE ALLOWED ON SUNDAY UNLESS APPROVED BY ADMINISTRATION)

SUNDAY ADDRESS: _____ REASON: _____

DATE: ____/____/____ START TIME: ____:____ □AM □PM END TIME: ____:____ □AM □PM

☐ **THIS SCHEDULE STAYS THE SAME EVERY WEEK**

Inmate Signature: _____

Copy to: EMP Binder