SAUK COUNTY SHERIFF'S DEPARTMENT
ELECTRONIC MONITORING PROGRAM
INMATE SCHEDULE

INMATE'S NAME _____ _____
PRINT LAST NAME PRINT FIRST NAME

FILE # _____ OUTDATE _____

EMPLOYER _____ ADDRESS _____

SUPERVISOR'S NAME (PRINT) _____ TELEPHONE: _____

(SIGNATURE)_____

DAY	DATE	START TIME	END TIME	APPOINTMENTS, ETC.	START TIME	END TIME
THURS						
FRI						
SAT						
SUN						
MON						
TUES						
WED						

* ANY CHANGES IN YOUR SCHEDULE REQUIRES 24 HOUR ADVANCE APPROVAL BY THE JAIL DIVERSION DEPUTY. TELEPHONE **(608) 355-4467** OR FAX (608) 355-3464. THIS SCHEDULE IS TO BE FILLED OUT AND TURNED INTO THE JAIL DIVERSION DEPUTY AT YOUR WEEKLY SCHEDULED MEETING.

GPSSCHED.LWP