



APPROVED ABSENCES FROM HOME CONFINEMENT FURLOUGH

First Name Last Name DOB

County of Conviction

Pre-Approved Residence Information

Address: City: State Zip Code

Has the offender been convicted of a listed offense?

Absences from Home Confinement

Date of Absence Start Time End Time Location

Purpose of Absence

Date of Absence Start Time End Time Location

Purpose of Absence

Date of Absence Start Time End Time Location

Purpose of Absence

Date of Absence Start Time End Time Location

Purpose of Absence

Date of Absence Start Time End Time Location

Purpose of Absence

Date of Absence Start Time End Time Location

Purpose of Absence

Date of Absence Start Time End Time Location

Purpose of Absence

Does the offender have reoccurring absences? Is a weekly schedule attached?

Approving Field Staff's Signature Date/Time Signed