

Weekly Schedule Form

Name: _____ DOB: _____ Case Manager: _____
(Print Name)

Employed: Yes No Employer: _____

Revised Schedule: Yes No

DAY	DATE	EVENT START TIME	EVENT AND EVENT CONTACT NUMBER	EVENT END TIME	MODE OF TRAVEL
MON					
MON					
MON					
MON					
MON					
TUES					
TUES					
TUES					
TUES					
TUES					
WED					
WED					
WED					
WED					
WED					
THUR					
THUR					
THUR					
THUR					
THUR					
FRI					
FRI					
FRI					
FRI					
FRI					
SAT					
SAT					
SAT					
SAT					
SUN					
SUN					
SUN					
SUN					

Participant Signature: _____

Date: _____

Weekly Schedule Policy

1. I understand that I am required to arrange and finalize my proposed travel schedule one (1) week in advance, and then turn in my ACCC Weekly Schedule Form for consideration and approval each Friday no later than 7:00 p.m.
2. I understand that I am able to submit my Weekly Schedule Form in person at the ACCC facility located at 201 W. Superior Street, via email at ACCCweeklyschedule@co.allen.in.us, via fax at 260-449-7308, or electronically from the ACCC website, allencountycorrections.org, and clicking Download Forms.
3. I understand that in advance of arranging and finalizing my proposed travel schedule, I must receive approval from my assigned case manager for each event and each requested location prior to including the event/location on my Weekly Schedule Form. Failure to obtain prior approval will result in an unapproved weekly schedule and I understand that I will not be allowed to leave my residence to attend the unapproved event/location.
4. I understand that I must include specific dates, exact times and exact locations for all events that I enter on my Weekly Schedule Form. Mode of travel must also be included for each event. All information submitted via my weekly schedule shall be clear and legible.
5. I understand that I will only be contacted by ACCC staff if my proposed weekly schedule is denied. I understand that my proposed ACCC weekly schedule is approved unless I am contacted by ACCC staff prior to 6:00 p.m. on Sunday stating otherwise.
6. **I understand that I will not be permitted to leave my residence or travel to any location that has not been approved by ACCC staff in advance on my weekly schedule.** The only exceptions to this policy are your approved passes, when you're required to randomly submit to a urine drug screen at ACCC (per the agency's UDS policy and procedure), your court appearances, when you request travel to make payment on your ACCC fees at the ACCC facility, or for a verified medical emergency.
7. I understand that I do not have to list approved passes on my Weekly Schedule Form. Pass requests and approvals must go through the Pass Investigator per the ACCC Pass Policy. Please refer to the specific pass policy guidelines outlined in the ACCC General Rules and Special Conditions.
8. I understand that I must call ACCC communications staff before leaving my residence or before leaving any other location, unless I am going to my residence. Please refer to the specific call instructions outlined in the ACCC General Rules and Special Conditions.
9. I understand that if I must make additions, modifications or revisions to my ACCC weekly schedule that I will be required to submit a new Weekly Schedule Form for review and approval 24 hours in advance of the event start time. On the new Weekly Schedule Form, I must mark the Revised Schedule box at the top of the page and I should only include the requested additions and revisions to my schedule on the new form.