

HUBER/WORK RELEASE (SELF EMPLOYED) DAILY ITINERARY

INMATE NAME: _____ DATE: _____

PLACE OF JOB SITE: _____

ADDRESS: _____

PHONE NUMBER: _____

ESTIMATED TIME OF ARRIVAL: _____ A.M./P.M.

ESTIMATED TIME OF DEPARTURE: _____ A.M./P.M.

PLACE OF JOB SITE: _____

ADDRESS: _____

PHONE NUMBER: _____

ESTIMATED TIME OF ARRIVAL: _____ A.M./P.M.

ESTIMATED TIME OF DEPARTURE: _____ A.M./P.M.

PLACE OF JOB SITE: _____

ADDRESS: _____

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ESTIMATED TIME OF DEPARTURE: _____ A.M./P.M.

PLACE OF JOB SITE: _____

ADDRESS: _____

PHONE NUMBER: _____

ESTIMATED TIME OF ARRIVAL: _____ A.M./P.M.

ESTIMATED TIME OF DEPARTURE: _____ A.M./P.M.

Failure to be at the indicated locations will result in loss of Huber Release Privileges.