

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK
U.S. Probation Office

Location Monitoring Program: Schedule Change Request Form

You are required to obtain your officer's advance permission for all schedule changes. Do not assume you have permission for the change until you receive confirmation from your officer. All schedule changes must be requested three (3) business days prior to the event. All schedule changes will be subject to verification/and or documentation by an officer prior to the approval of the change, unless otherwise notified by an officer.

Attach all supporting documentation to verify the requested change.
(You must complete lines 1-9 and schedule chart)

1) Today's Date: _____ Time: _____ a.m./p.m. Officer: _____

2) Participant's Name: _____

3) Address: _____

4) Telephone (Home): (____) _____

5) Telephone (Work) : (____) _____

6) Purpose (e.g. employment, treatment, medical, discretionary leave, legal): _____

Include date(s) changed below and explanation: _____

7) This information can be confirmed by:

Name: _____ Agency: _____

Telephone: (____) _____

8) Type of Change (Please check):

Permanent: _____ (Complete entire schedule below)

One-Time: _____ (Complete only temporary change below)

9) Date change will be effective: _____ / _____ / _____

Date	Day	Leave	Return	Leave	Return	Activity
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					
	Sunday					

I CERTIFY THAT ALL INFORMATION STATED ABOVE IS COMPLETE AND CORRECT, AND UPON APPROVAL, I WILL FULLY COMPLY WITH THIS AMENDED SCHEDULE.

 Participants signature

 Date

For Official Use Only:

Date Confirmed:	Time Confirmed:	Officer:
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Change Approved: _____ Denied: _____ Officer: _____ Date: _____

REASON(if denied) _____

Data Entry Initials: _____ Date entered: _____

07/2008