

LOCATION MONITORING PROGRAM
CENTRAL DISTRICT OF CALIFORNIA

REQUEST FOR SCHEDULE CHANGE

FORM 65

DATE SUBMITTED: _____

FMD #: _____

PARTICIPANT: _____

ASSIGNED OFFICER: _____

REASON FOR CHANGE: _____

Rotating Work Schedule: YES NO

Established Submission Date: _____ Before 4:00PM

- WS = Work Schedule
- EL = Earned Leave
- O = Medical Appointments, Counseling, etc. *(Must specify in comment section)*
- S = School
- UE = Unemployed Schedule

Schedule changes will only be made in rare and unusual circumstances.

These requests must be submitted **5 BUSINESS DAYS** in advance by 3:00 p.m. Unless specifically indicated in the judgment order, schedule (s) that total **more than 60 hours**, including travel time, **will not be considered and/or approved**. If you are working a rotating schedule the submission date must be approved in advance.

Complete the "date" portion of this form, only if the change(s) indicated are for one time; or you have a work schedule which changes weekly. Ensure the complete schedule for the entire day is indicated. If you fail to indicate a return time, your request will not be processed.

DAY Permanent	DATE (1X Change)	LEAVE TIME (Include Travel Time)	RETURN TIME (Include Travel Time)	REASON FOR CHANGE

TOTAL HOURS REQUESTED: _____

PHONE/FAX TELEPHONE NUMBER FOR RESPONSE: _____

Email address: _____

(Failure to provide a contact will result in the response being mailed).

COMMENTS: _____

Schedule changes are not authorized until approval has been received from a Location Monitoring Officer.

DO NOT WRITE BELOW THIS LINE

() APPROVED () DISAPPROVED OFFICER: _____ DATE: _____

RESPONSE: _____