

IPS PROBATIONER'S WEEKLY SCHEDULE

Name: \_\_\_\_\_ Beginning/Ending Dates: \_\_\_\_\_ thru \_\_\_\_\_

	WORK SCHEDULE	COMMUNITY SERVICE & SCHOOL	TREATMENT (AA/NA/YMCA/etc)	DOMESTIC-LOCATION (Shopping/Laundry/etc)
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				

Drop off Paycheck to YCAPD Office: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Drop off Schedule to YCAPD Office: Date: \_\_\_\_\_ Time: \_\_\_\_\_

**REQUEST(S) FOR THIS WEEK**

(include ALL details)

Request #1 for: Date: \_\_\_\_\_ Time: \_\_\_\_\_ - \_\_\_\_\_

Details: \_\_\_\_\_

APPROVED: \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_

(USE THE BACK OF THIS FORM FOR ANY ADDITIONAL REQUESTS OR DETAILS)