MAINE DEPARTMENT OF CORRECTIONS

COMMUNITY TRANSITION PROGRAM LEAVE LIST

BCF ☐ DCF ☐ MCC ☐ MVCF ☐ SMWRC ☐

PRISONER NAME	MDOC #	BEGINNING DATE	BEGINNING TIME	END DATE	END TIME	RELEASE LOCATION

Name of Staff Completing Form: Date:

Distribution:

- Chief Administrative Officer
- Unit Manager
- Central Control
- Admitting Staff
- Health Care Staff
- Office of Victim Services