

MAINE DEPARTMENT OF CORRECTIONS FURLOUGH PASS/FURLOUGH LEAVE LIST

FACILITY: <input type="checkbox"/> BCF	<input type="checkbox"/> DCF	<input type="checkbox"/> MCC	<input type="checkbox"/> MSP	<input type="checkbox"/> MVCF	<input type="checkbox"/> SMWRC
--	------------------------------	------------------------------	------------------------------	-------------------------------	--------------------------------

PRISONER NAME	MDOC #	BEGINNING		END		SPONSOR(S)
		DATE	TIME	DATE	TIME	

Name of Staff Completing Form: Date:

- Distribution:
- Chief Administrative Officer
 - Unit Manager
 - Central Control
 - Admitting Staff
 - Health Care Staff
 - Department’s Director of Classification
 - Regional Correctional Administrator
 - Office of Victim Services
 - Applicable Criminal Justice Agencies