FLORIDA DEPARTMENT OF CORRECTIONS
COMMUNITY CONTROL OFFENDER SCHEDULE AND DAILY ACTIVITY LOG

OFFENDER SCHEDULE

Schedule Approved By:

(Officer's Signature/Date)

Offender/DC#

Home Address:

Telephone:

Cell Phone:

Employer:

Work Address:

Work Phone #:

☐ **Check Box if on Electronic Monitoring/GPS**

Comments/Instructions/Rules/Restrictions:

HOURLY ACCOUNTING

"I certify that the hourly accounting submitted is true to The best of my knowledge and belief"

(Offender's Signature/Date)

Friday Day _____ Date _____

Time	Location	Activity
MIDNIGHT		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

Saturday Day _____ Date _____

Time	Location	Activity
MIDNIGHT		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

Sunday Day _____ Date _____

Time	Location	Activity
MIDNIGHT		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

Monday

Day _____ Date _____

Time	Location	Activity
MIDNIGHT		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

Tuesday

Day _____ Date _____

Time	Location	Activity
MIDNIGHT		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

Wednesday

Day _____ Date _____

Time	Location	Activity
MIDNIGHT		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		

Thursday

Day _____ Date _____

Time	Location	Activity
MIDNIGHT		
12:00 am		
1:00		
2:00		
3:00		
4:00		
5:00		
MORNING		
6:00 am		
7:00		
8:00		
9:00		
10:00		
11:00		
AFTERNOON		
12:00 pm		
1:00		
2:00		
3:00		
4:00		
5:00		
EVENING		
6:00 pm		
7:00		
8:00		
9:00		
10:00		
11:00		