

TIME CALCULATION AUDIT FORM

Name _____ ODOC# _____

Facility/Probation and Parole Region _____

Controlling Case CF _____, Count _____ County _____

Date of Sentencing/RSS or Parole Revocation _____

Concurrent Case(s):

Date of Reception/Rebill _____

Sentence Length _____

Beginning Release Date _____

Consecutive Case(s):

Release Date Conversion _____

AUDIT CHECKLIST

Date of Last SA Audit _____

☐ 85% Date _____

☐ 50% Date _____

☐ Trafficking (Prior to 11-1-2018)

☐ Bridged Youthful Offender

☐ Ekstrand Eligible

☐ Enhanced Level Eligible: Yes or No

☐ Sex Offender Registration Required

☐ Violent Offender Registration Required

☐ Good Conduct Eligible (dates awarded)

Jail Time + _____

Deferred Reception Credit + _____

Time Served + _____

Earned Credit + _____

Achievement Credit + _____

Emergency Time Credit + _____

Other Credit + _____

Lost Credit - _____

Net Total _____

Days Remaining

(Conversion less Net)

Audit includes all time through _____ / _____
Month Year

Notes:

Auditor's Signature

Date

FILE IN SECTION 2 –DO NOT REMOVE