

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