

MARYLAND DIVISION OF CORRECTION
WAIVER FORM

Institution

Inmate's Last Name

First Name

DOC/CL/SID Number

WAIVER OF DIMINUTION CREDITS

I am ineligible to receive diminution credits and I understand and acknowledge that I will not receive diminution credits for my satisfactory participation in this assignment in accordance with the Commitment Procedures Manual. I also understand and acknowledge that I will receive pay.

Inmate's Signature

DOC #

Date

Case Management Specialist's Signature

Date