MARYLAND DIVISION OF CORRECTION

DISPOSITION OF WORK RELEASE EARNINGS

Institution/Facility	

Inmate Name (Last, First): DOC #:											
Starting Date:			Company:					P	Phone:		
Rate Per I	Hour:		Case Management Specialist:								
Pay Day:	Sun Mo	n Tues	Wed Thur	s Fri S	Sat	☐ Weel	κly	☐ Bi-Wee	kly		
LEGEND:			sted to Accou ation End Dat		DT-Days Transported GP-Gross Pay			HW-Hours Worked			
Date Received	Amount Received	Room and Board	Transportation Cost	APA	Receipt Number	GP HW	DT	Pay End Date	TED	Posted by and Date	