

MARYLAND DIVISION OF CORRECTION
HEADQUARTERS CASE MANAGEMENT UNIT

AUDIT WORKSHEET FOR WORK RELEASE

FACILITY: _____ AUDITOR'S NAME: _____ DATE: _____

DOC #														
1. Does the inmate meet the eligibility requirements?														
2. Does the record contain a signed waiver of extradition?														
3. Does the file contain a signed work release agreement?														
4. If required, was a Psychiatric Condition Review Form completed?														
5. If applicable, was a victim impact statement reviewed?														
6. If applicable, was the victim notification process completed?														
7. If applicable, was the case reviewed by HQ?														
8. Was an Employment Investigation Plan completed?														
9. Does the file contain a signed Work Release Employer Agreement form?														
10. If applicable, was a Notification to Out-of-State Law Enforcement completed?														
12. Has a Work Release Field Sheet been created and updated accordingly?														
13. If applicable, has a Work Release Itinerary Form been completed and placed in the file?														
14. During the first 60 days of employment, were at least six job contacts made (at least three on site)?														
15. After the first 60 days, were at least two job contacts made (at least one on site) per month?														
16. If applicable, was court-ordered restitution addressed?														
17. Is the Disposition of Work Release earnings available?														
18. Are the Work Release Field Sheets being reviewed monthly as required?														
21. Are OCMS entries complete, accurate, and current?														

Instructions: Enter the inmate's DOC number in the appropriate column. For each line item (1-20) make an entry according to the following key: C = compliance N/C = noncompliance N/A = not applicable