

**FAIRFAX COUNTY OFFICE OF THE SHERIFF  
ADULT DETENTION CENTER  
PROGRAMS SECTION**

**EXEMPLARY GOOD TIME REQUEST FORM**

TO: Supervisor, Inmate Records Section Date: \_\_\_\_\_

FROM: Captain  
Chief, Services Branch

SUBJ: Exemplary Good Time

REF: Inmate Name: \_\_\_\_\_ Inmate #: \_\_\_\_\_

The following information pertains to the above listed inmate for exemplary good time credit:

Class Title(s): \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Comment(s): \_\_\_\_\_

Attendance: \_\_\_\_\_ Poor \_\_\_\_\_ Satisfactory \_\_\_\_\_ Good \_\_\_\_\_ Excellent

Participation: \_\_\_\_\_ Poor \_\_\_\_\_ Satisfactory \_\_\_\_\_ Good \_\_\_\_\_ Excellent

Exemplary Good Time credit from: \_\_\_\_\_ to \_\_\_\_\_.

Computation of:  $\frac{\text{_____}}{\text{\# of days}} \times \frac{\text{_____}}{\text{\# of months}} = \frac{\text{_____}}{\text{total EGT days recommended}}$ .

\_\_\_\_\_  
Approval - Instructor's Signature

\_\_\_\_\_ approved \_\_\_\_\_ disapproved

\_\_\_\_\_  
Supervisor, Programs and Recreation Section