

BP-A390_EXTRA GOOD TIME RECOMMENDATION

Institution		Date
Inmate's Name	Register No.	Assignment

Recommend Meritorious Good Time
Effective: _____
(The effective date can not be retroactive any more than three months, excluding the month in which the recommendation is made.)

Recommend Termination of Meritorious Good Time
Effective: _____ .

Recommend Disallowance of Extra Good Time for the Calendar Month of:
_____ .

Recommend Lump Sum Award of _____ Days:
Date of act or termination of activity for which the recommendation is made
_____ .

Justification

Work Supervisor (Signature and Title)	Date
Approved by (Signature and Title)	Date
Signature of Chief Executive Officer of Committee	Date
SENTRY Release Date Adjusted by:	
Signature of Legal Technician	Date