

D.C. EDUCATIONAL GOOD TIME (DCEGT)

**U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS**

Inmate Name (last, first)	Reg. No.	Institution
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PART 1 - SUPERVISOR OF EDUCATION: This inmate successfully _____
 _____, a program designated for earning a
 (name of program)
 maximum of _____ days DCEGT. The following dates are for determining actual DCEGT.
 (# days)

ELIGIBLE DATES OF ENROLLMENT		

INELIGIBLE DATES		

Supervisor of Education (signature and printed name)	Date
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PART 2 - INMATE SYSTEMS MANAGEMENT: This inmate: **(Check one)**
 Violated prison rules _____, as determined by DHO report no(s). _____
 (date(s))

 Did not violate prison rules while enrolled in this program.

DCEGT in the amount of _____ days is awarded, based on _____
 calendar months enrollment.

Inmate Systems Management Staff (signature and printed name)	Date
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SENTRY Release Date Adjusted by: Inmate Svstems Manacement Staff (signature and printed name)	Date
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Record Copy - J & C; Copy - Central File; Copy - Inmate