

# MAINE DEPARTMENT OF CORRECTIONS

## FURLOUGH PROGRAM REVIEW

Resident's Name: \_\_\_\_\_ MDOC#: \_\_\_\_\_

Facility/Housing Unit: \_\_\_\_\_ Case Manager: \_\_\_\_\_

FROM: Unit Team

TO: Chief Administrative Officer, or designee

Attached is a completed Furlough Pass Application or Furlough Leave Application, as applicable, and, if applicable, the written explanation sent to the resident regarding suggested modifications to the application and/or facility programs or services suggested for the resident, as well as any additional conditions recommended.

☐ Resident has applied for multiple furloughs pursuant to Policy 27.4 (AF), Furlough Program, Procedure F. 15.

The resident is eligible for furlough and is:

☐ Recommended (give specifics if resident has applied for multiple furloughs): \_\_\_\_\_

☐ Not Recommended (specify reasons): \_\_\_\_\_

\_\_\_\_\_  
Signature of Unit Manager, or designee

\_\_\_\_\_  
Date

Decision of Chief Administrative Officer, or designee (if a furlough pass or if a furlough leave not requiring a community review)

The resident is still eligible for furlough and is:

☐ Approved (specify required modifications to application and/or required additional conditions and give specifics if resident is approved for multiple furloughs): \_\_\_\_\_

☐ Not Approved (specify reasons): \_\_\_\_\_

\_\_\_\_\_  
Signature of Chief Administrative Officer, or designee

\_\_\_\_\_  
Date

**MAINE DEPARTMENT OF CORRECTIONS**  
**FURLOUGH PROGRAM REVIEW**

---

FROM: Chief Administrative Officer, or designee (via Unit Team) (if an initial furlough leave or a second or subsequent furlough leave to a different location or with a different sponsor)

TO: Regional Correctional Administrator, or designee, Region: \_\_\_\_\_

Attached is a completed Furlough Leave Application and, if applicable, the written explanation sent to the resident regarding suggested modifications to the application and/or facility programs or services suggested for the resident, as well as any additional conditions recommended.

The resident is eligible for furlough and is:

☐ Recommended

☐ Not Recommended (specify reasons): \_\_\_\_\_

\_\_\_\_\_  
Signature of Chief Administrative Officer, or designee

\_\_\_\_\_  
Date

---

Assigned to Probation Officer \_\_\_\_\_ for review and report  
(if an initial furlough leave or a second or subsequent furlough leave to a different location or with a different sponsor)

FROM: Regional Correctional Administrator, or designee \_\_\_\_\_

TO: Chief Administrative Officer, or designee

Attached is a completed Furlough Leave Application and, if applicable, the written explanation sent to the resident regarding suggested modifications to the application, as well as any additional conditions recommended.

The resident is still eligible for furlough and is:

☐ Recommended (specify suggested additional conditions, if any, below):

☐ Not Recommended (specify reasons below): \_\_\_\_\_

\_\_\_\_\_  
Signature of Regional Correctional Administrator, or designee

\_\_\_\_\_  
Date

# MAINE DEPARTMENT OF CORRECTIONS

## FURLOUGH PROGRAM REVIEW

Decision of Chief Administrative Officer, or designee (if a subsequent furlough leave to a different location or with a different sponsor)

The resident is still eligible for furlough and is:

☐ Approved (specify required modifications to application and/or required additional conditions):

---

---

---

☐ Not Approved (specify reasons):

---

---

---

\_\_\_\_\_  
Signature of Chief Administrative Officer, or designee

\_\_\_\_\_  
Date

---

FROM: Chief Administrative Officer, or designee (if an initial furlough leave)

TO: Department's Director of Classification, or designee

Attached is a completed Furlough Leave Application and, if applicable, the written explanation sent to the resident regarding suggested modifications to the application and/or facility programs or services suggested for the resident, as well as any additional conditions recommended.

The resident is still eligible for furlough and is:

☐ Recommended (specify suggested additional conditions, if any, below):

☐ Not Recommended (specify reasons below):

---

---

---

\_\_\_\_\_  
Signature of Chief Administrative Officer, or designee

\_\_\_\_\_  
Date

**MAINE DEPARTMENT OF CORRECTIONS**  
**FURLOUGH PROGRAM REVIEW**

---

The resident is still eligible for furlough and is:

☐ Approved (specify required modifications to application and/or required additional conditions):

---

---

---

---

---

☐ Not Approved (specify reasons):

---

---

---

---

---

Signature of Director of Classification, or designee

---

Date