



Exemplary Good Time (EGT)/Judicial Good Time (JGT)/ Class Level Evaluation

Offender Name:				Evaluation Date:			
Offender Number:				Period Covered:		To:	
Preparer:				Facility:			
If Applicable:	Parole Eligibility Date:		Mandatory Parole Release Date:		Good Time Release Date:		

Rate the Offender in the following applicable areas of performance/responsibility:							
Personal Conduct:	<input type="checkbox"/> Exemplary	<input type="checkbox"/> Average	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor			
Work/Vocational Assignment:	<input type="checkbox"/> Exemplary	<input type="checkbox"/> Average	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor			
Educational Assignment:	<input type="checkbox"/> Exemplary	<input type="checkbox"/> Average	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor			
Treatment Program Participation:	<input type="checkbox"/> Exemplary	<input type="checkbox"/> Average	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor			

Disciplinary Infractions: (Please list each infraction and attach Disciplinary Report Documentation) _____

Recommendation: _____

It is recommended that the offender be moved from Level ____ to Level ____ of the GCA/ESC System effective _____. NOTE: Offenders can not be placed in Level I or Level II until after being classified by DOC.

OR

It is recommended that the offender be awarded ____ days per month of EGT/JGT/GCT beginning _____ and ending _____.

Preparer's Signature: _____ Date: _____

Sheriff/ Regional Jail Administrator Review:
GCA/ESC/EGT/JGT/GCT is ☐ Approved ☐ Disapproved

Sheriff/Regional Jail Administrator's Signature Date