



CUSTODY DUTY ROSTER

Wishard Detention Unit

State Form 47022 (2-95)

FIRST SHIFT

[illegible]

24 HOUR COVERAGE SATELLITE POSTS

Satellite Officer	Name of Offender

SECOND SHIFT

[illegible]

24 HOUR COVERAGE SATELLITE POSTS

Satellite Officer	Name of Offender

THIRD SHIFT

[illegible]

24 HOUR COVERAGE SATELLITE POSTS

Satellite Officer	Name of Offender

Signature of detention supervisor

Date signed (*month, day, year*)

OTHER LEAVE

[illegible]