

Minimum Security Emergency Escorted Leave Agreement

Facility _____

I, Offender _____ DOC # _____, am requesting an emergency escorted leave for (name of relative): _____, (relationship) _____, at (location): _____.

I have been advised that I will receive one escorted leave for a family member (as defined by procedure) at my own expense to a funeral home.

Offender Signature Date

Staff Witness Date

Approved Disapproved

Approved Disapproved

Facility Head Date

*Division Manager Date

(To be completed for cost of funeral home visit)

Second Escorted Visit – Funeral or Extended Family Visit

Location: _____

Mileage _____ (round trip) @ \$. _____ per mile (current mileage rate) = Total: _____

Officer(s): hourly wage _____ times estimated number of hours _____ = Total: _____

Mileage + officer wages = total cost of escorted visit: _____

I understand and agree to have the above amount deducted from my trust fund account in advance of the escorted visit.

Offender Signature Date

Staff Witness Date

Approved Disapproved

Approved Disapproved

Facility Head Date

*Division Manager Date

*Division manager approval is required for all minimum security home visits.

The director is required to be notified of all minimum security home visits by submission of this form.

cc: Offender
 Offender Field File
 Trust Fund
 Facility Head

(R 11/14)