Approved Escorted Pre-Release/Reentry Leave

Approved By: _____

Purpose of Activity/Trip: _____

Sponsor/Staff: _____

Date of Activity/Trip: _____

Approximate Time Out/In: _____/_____

Sack Lunches Required: _____

Special Vehicle Needs: _____

Offender Name*	DOC Number	Level	Room Number	Time-Out	Time-In

* If the above is full, please do not write your name on the bottom of the form. Use an additional page.

Sponsor Signature/Time Out: _____ / _____

Sponsor Signature/Time In: _____ / _____

Facility Approval: _____

Departure Location	Time	Destination	Arrival Time
Facility:			
		Facility:	