

OFF CENTER ITINERARY WORK RELEASE

OFFENDER NAME _____ DOC # _____ FACILITY _____

LEAVE DATE: FROM _____ TO _____

TYPE OF PASS: _____ HEALTH _____ EMERGENCY _____ TRANSPORTATION _____ PROGRAMMATIC _____ JOB SEARCH _____

DATE	TIME	ADDRESS	ACTIVITY	PHONE #
	FROM: _____ TO: _____			
	FROM: _____ TO: _____			
	FROM: _____ TO: _____			
	FROM: _____ TO: _____			
	FROM: _____ TO: _____			
	FROM: _____ TO: _____			
	FROM: _____ TO: _____			
	FROM: _____ TO: _____			
	FROM: _____ TO: _____			
	FROM: _____ TO: _____			

I understand that failure to adhere to this itinerary may result in disciplinary action and that any changes will be approved by the facility head or designee PRIOR to the actual change.

OFFENDER SIGNATURE _____

DOC# _____ DATE _____

CASE MANAGER SIGNATURE/DATE _____

APPROVE _____ DENY _____ MODIFY _____

OFFENDER SIGNATURE-OUT _____ DATE _____ TIME _____

OFFENDER SIGNATURE-IN _____ DATE _____ TIME _____

SPONSOR SIGNATURE-OUT _____ DATE _____ TIME _____

SPONSOR SIGNATURE-IN _____ DATE _____ TIME _____

STAFF SIGNATURE-OUT _____ DATE _____ TIME _____

STAFF SIGNATURE-IN _____ DATE _____ TIME _____

PASS VERIFICATION

DATE/TIME	OFFENDER AT LOCATION	NOT IN/BUSY	OFFENDER CALLED CENTER	NO ANSWER	STAFF INITIALS & COMMENTS

