

Oklahoma Department of Corrections Employee/Media Contact Form

Employee Name (PRINT)	Date	Job Title
Regular Days Off	Regular Scheduled Work Hours	Facility/District/Unit
Name of Media Personnel and news outlet (i.e., newspaper, etc.)		Date of interview/contact

Was the contact with media (check one) () planned or () spontaneous?

Provide a description of contact with media to include what happened, when, where, how and why:_____

Employee Signature:_____

***Return form to facility/district/unit head or designee to be forwarded to the Department of Corrections public information officer.

Signature of Facility/District/Unit Head _____ Date _____