

**Transportation Leave Request Form
(for inmates transferring to EMP/GPS)**

Inmate Requesting Leave: _____
First Name MI Last Name DOC Number

Current Assigned Facility: _____

Supervising Region: _____

Reporting Instructions: _____

**ALL INMATES MUST REPORT DIRECTLY TO THE ABOVE DISTRICT, NO LATER
THAN 2 P.M. ON THE DATE SCHEDULED**

Date/Time of Proposed Leave: _____ / _____ / _____ / _____
Month Day Year Time

Method of Transportation: _____

Individual Approved to Provide Transportation: _____

If Private Vehicle, Owner: _____

Vehicle Description: _____
Make Model Color Tag

Inmate Signature Date

Case Manager IV Signature Date

Facility Head or Designee Signature Date