

## 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: \_\_\_\_\_

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

\* If the above is full, use an additional page.

Sponsor Signature/Time Out: \_\_\_\_\_ / \_\_\_\_\_

Sponsor Signature/Time In: \_\_\_\_\_ / \_\_\_\_\_

Facility Approval: \_\_\_\_\_

Departure Location	Time	Destination	Arrival Time
Facility:			
		Facility:	