

## OFF CENTER ITINERARY WORK RELEASE

INMATE 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.

INMATE SIGNATURE \_\_\_\_\_

DOC# \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
CASE MANAGER SIGNATURE/DATE

\_\_\_\_\_  
APPROVE      DENY      MODIFY

\_\_\_\_\_  
Facility Head Signature/Date (Required if the itinerary is more than 12 hours)

\_\_\_\_\_  
INMATE SIGNATURE-OUT      DATE      TIME

\_\_\_\_\_  
INMATE 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	INMATE AT LOCATION	NOT IN/BUSY	INMATE CALLED CENTER	NO ANSWER	STAFF INITIALS & COMMENTS

