Oklahoma Department of Corrections
Employee/Media Contact Form

Employee Name (PRINT) | **Date** | **Job Title**

Regular Days Off | **Regular Scheduled Work Hours** | **Facility/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/unit head or designee to be forwarded to the Oklahoma Department of Corrections Public Information Manager.

Signature of Facility/Unit Head | Date