Attachment A
OP-031001

Escorted Activity Request

Purpose of Activity/Trip _____ Date of Activity/Trip _____ Approximate Time Out/In _____

Approved by _____ Sponsor/Staff _____

Sack Lunches Required: _____

Special Vehicle Needs: _____

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

**Use an additional page, if needed*

Sponsor Signature _____ Time Out _____

Sponsor Signature _____ Time In _____

Facility Head Approval _____ Date _____

(R 03/21)