

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

Inmate requesting leave: _____
First name MI Last name ODOC Number

Current assigned facility: _____

Supervising region/office: _____

Reporting instructions: _____

**ALL INMATES MUST REPORT DIRECTLY TO THE ABOVE OFFICE, NO LATER
THAN 2:00 P.M. ON THE DATE SCHEDULED**

Date/time of proposed leave: _____
MM/DD/YYYY HH:MM AM/PM

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/Designee signature

Date