

OFF CENTER ITINERARY WORK RELEASE / HALFWAY HOUSE

INMATE NAME _____ ODOC # _____ 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 _____

ODOC# _____ 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