Oklahoma Department of Corrections Employee/Media Contact Form

Employee Name (PRINT) Regular Days Off	Date Regular Scheduled Work Hours	Job Title Facility/Unit
Was the contact with media (check one)	() planned or () spontaneous?	
Provide a description of contact wwhy:	vith media to include what happene	ed, when, where, how and
Employee Signature:		
***Return form to facility/unit head of Corrections Public Information	d or designee to be forwarded to the Manager.	ne Oklahoma Department
Signature of Facility/Unit Head		