Approved Escorted Pre-Release/Re-entry Leave

Approved By: _____

Purpose of Activity/Trip: _____

Sponsor/Staff: _____

Date of Activity/Trip: _____

Approximate Time Out/In: _____

Sack Lunches Required: _____

Special Vehicle Needs: _____

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

* If the above is full, use an additional page.

Sponsor Signature/Time Out: _____ / _____

Sponsor Signature/Time In: _____ / _____

Facility Approval: _____

Departure Location	Departure Time	Destination	Arrival Time
Facility:			
		Facility:	

(R 01/26)