

## 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: |         |          |         |

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 |
|-----------|--------------------|-------------|----------------------|-----------|---------------------------|
|           |                    |             |                      |           |                           |
|           |                    |             |                      |           |                           |
|           |                    |             |                      |           |                           |