****

**SCHEDULE/PLAN**

|  |  |  |  |
| --- | --- | --- | --- |
| Name (Last, First) | | DOC number | Date |
| Date of arrival | Case manager | | Job plan  1  2  3 |
| Next hearing and/or ERD/PRD | | | Funding source  1  2  3 |

|  |
| --- |
| Company/school/treatment facility name |
| Job/school/treatment facility address or company address (if different from job site) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact person** (2 required) | **Phone number** | **Contact person** (2 required) | **Phone number** |
|  |  |  |  |
|  |  |  |  |

Schedule:  Changing  Standing Violent offender:  Yes  No

**Mode of Transportation Travel time**

To:       Hours:       Minutes:

From:       Hours:       Minutes:

**Mode of Transportation Holiday/weekend travel time**

To:       Hours:       Minutes:

From:       Hours:       Minutes:

Schedule:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE** | | **HOURS** | **OT** | **O/C** | **DATE** | | **HOURS** |
|  | Mon |  |  |  |  | Mon |  |
|  | Tues |  |  |  |  | Tues |  |
|  | Wed |  |  |  |  | Wed |  |
|  | Thurs |  |  |  |  | Thurs |  |
|  | Fri |  |  |  |  | Fri |  |
|  | Sat |  |  |  |  | Sat |  |
|  | Sun |  |  |  |  | Sun |  |
| **Yes/No Hours per day** | | | | | | | |

Rate of pay:       Pay date:

Approved by:

Comments:

Posted:

**The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.**

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