****

**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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