

Name (Last, First)		DOC number	Date
Date of arrival	Case manager		Job plan <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Next hearing and/or ERD/PRD			Funding source <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 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

<b>Mode of Transportation</b>	<b>Travel time</b>
To: _____	Hours: _____ Minutes: _____
From: _____	Hours: _____ Minutes: _____

<b>Mode of Transportation</b>	<b>Holiday/weekend travel time</b>
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.

Distribution: **ORIGINAL** - Case manager file      **COPY** - Duty desk, Supervised individual