

**JOB SEARCH PASS**

This pass must be completed and signed by the individual, and the case manager before the individual is allowed to leave the facility to seek employment.

Individual DOC number Date of job search

Time out Time due back Extension time Time in

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| --- |
| **PROSPECTIVE EMPLOYERS** |

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| --- | --- | --- | --- |
| Business: | Address: | | Telephone number: |
| Arrive time: | Contact person: | Results/Verification: | |
| Depart time: |
| Business: | Address: | | Telephone number: |
| Arrive time: | Contact person: | Results/Verification: | |
| Depart time: |
| Business: | Address: | | Telephone number: |
| Arrive time: | Contact person: | Results/Verification: | |
| Depart time: |
| Business: | Address: | | Telephone number: |
| Arrive time: | Contact person: | Results/Verification: | |
| Depart time: |
| Business: | Address: | | Telephone number: |
| Arrive time: | Contact person: | Results/Verification: | |
| Depart time: |

Comments:

I understand that any other use of this pass is a violation of Reentry Center standard conditions. If I fail to return by the designated due back time, I may face disciplinary action.

Individual’s signature Date

Case manager/designee Signature Date

**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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