



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

PROSPECTIVE EMPLOYERS		
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
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Case manager/designee	Signature	Date
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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: **WHITE** - Reentry Center **CANARY** - Front Desk **PINK** - Individual