

## CORRECTIONAL INDUSTRIES WORK PROGRAM RECOMMENDATION REFERRAL

Worker	DOC number	Date
Location	Unit/cell	 Priority
Q	UALIFICATIONS	•
		_
Maximum expiration date Earned release	date Years remaining	Multidisciplinary team date
Indeterminate Sentence Review Board, Life	e Without Parole, or 20+ ye	ars to serve? ☐ Yes ☐ No
Currently possess or pursuing a high school	ol diploma or general equiva	alency degree? ☐ Yes ☐ No
Expressed voluntary interest in consideration	on for Correctional Industrie	es positions?
Vocational state certificate?		☐ Yes ☐ No
Guilty finding for Category A or drug-related If yes, violation number(s): date(		s? □ Yes □ No
Guilty finding for any other serious violation If yes, violation number(s): date(		Yes No
Pending disposition(s) for a serious violation If yes, violation number(s): date(		☐ Yes ☐ No
Minimum of 2 years since any escape?		☐ Yes ☐ No
Medical/mental health limitations/concerns' Explain:	?	Yes No
Comments:		
AP	PROVAL/DENIAL	
In addition to the above, a worker may be of violation history, severity of violations, Intersummary, or other placement reasons.		
☐ Approved ☐ Denied Explain:		
Case Manager	Signature	 Date
☐ Approved ☐ Denied Explain:	-	
Correctional Program 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.

Distribution: ORIGINAL - Assignment Lieutenant/Resource Program Management employees COPY - Work Crew Supervisor