



REQUEST FOR DENIAL OF WORK/TRAINING RELEASE PLACEMENT

_____ Name	_____ DOC number	_____ Date
_____ Work/Training Release facility	_____ Employee name	_____ Referring facility

An individual is prohibited from Work/Training Release placement per DOC 300.500 Work/Training Release Screening for the following reason(s):

- Will not be assigned Minimum 1 custody within 12 months of the Earned Release Date (ERD) or 18 months for individuals eligible for Graduated Reentry, or had a custody demotion after approval
 - Has an open felony detainer/warrant (i.e., notification, extraditable, non-extraditable)
 - Has an open Immigration and Customs Enforcement (ICE) detainer
 - Has an Out-of-State release plan
 - Had or currently has an End of Sentence Review Committee referral recommending civil commitment
 - Has a serious medical/mental health condition and has not been cleared for Work/Training Release placement as determined by the sending facility health services employees/contract staff
 - Has been convicted of Murder 1, except when Work/Training Release is part of the reentry planning process per DOC 350.300 Mutual Re-Entry Program
 - Has a current local victim safety concern
 - Has been convicted of Rape 1 and is within the first 3 years of confinement
 - Has been sentenced with a weapons enhancement under RCW 9.94A.533 and the mandatory portion of the sentence has not been completed
 - Is a sex offender not amenable to crime-related treatment and poses public safety/community risk
 - Has refused assessment or has not completed mandatory programming and was found guilty for the refusal during incarceration
 - Does not intend to become gainfully employed or participate in education or employment training
 - Has a consecutive or active concurrent sentence from another jurisdiction
 - Has been terminated from Work/Training Release and/or Graduated Reentry during the current incarceration due to disciplinary action(s)
 - Does not meet local interagency agreement criteria
- Explain: _____
- Other: _____

Community Corrections Supervisor Signature

Headquarters action: Verified Referred to Headquarters Community Screening Committee

Reviewer 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. Upon completion, the data classification category may change.

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