



# CAPACITY MODIFICATION REQUEST

To request a modification to facility capacity, submit the request to the Capacity and Transportation Administrator. Requests should include a high-level description of the proposed change(s), justification, potential impact(s), and effective date/timeline. The Assistant Secretary for Prisons/ Reentry will have final approval.

Facility: \_\_\_\_\_

Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Superintendent/Community Corrections Supervisor      Signature      Date

### REVIEWS AND APPROVALS

Approved     Denied

Reason(s): \_\_\_\_\_

\_\_\_\_\_  
Capacity and Transportation Administrator      Signature      Date

Approved     Denied

Reason(s): \_\_\_\_\_

\_\_\_\_\_  
Deputy Director/Senior Administrator      Signature      Date

I have reviewed the proposal and consulted the employees identified per DOC 400.020 Facility Capacity Management and Space Standards. The request for capacity modification is:

Approved     Denied

Reason(s): \_\_\_\_\_

\_\_\_\_\_  
Assistant Secretary for Prisons/Reentry      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** - Assistant Secretary for Prisons/Reentry

**COPY** - Requestor, Identified employees