



SCHEDULE/PLAN

Name (Last, First)		DOC number	Date
Date of arrival	Case manager		Job plan <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Next hearing and/or ERD/PRD			Funding source <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

Company/school/treatment facility name

Job/school/treatment facility address or company address (if different from job site)

Contact person (2 required)	Phone number	Contact person (2 required)	Phone number

Schedule: Changing Standing Violent offender: Yes No

Travel time

To: _____ Hours: _____ Minutes: _____
 From: _____ Hours: _____ Minutes: _____

Holiday/weekend travel time

To: _____ Hours: _____ Minutes: _____
 From: _____ Hours: _____ Minutes: _____

Schedule: _____

Other information (e.g., bus number, walking): _____

DATE	HOURS	OT	O/C	DATE	HOURS
Mon				Mon	
Tues				Tues	
Wed				Wed	
Thurs				Thurs	
Fri				Fri	
Sat				Sat	
Sun				Sun	

Yes/No Hours per day

Rate of pay: _____ Pay date: _____

Approved by: _____

Comments: _____

Posted: _____

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.

Distribution: **ORIGINAL** - Case manager file

COPY - Duty desk, Supervised individual