**APPROVAL FOR VISITS BY CURRENT/FORMER**

**EMPLOYEE, CONTRACT STAFF, OR VOLUNTEER**

Applicant name:       Date:

Other names used (maiden/married names):

Relationship:

Supporting documentation [ ]  Yes [ ]  No (e.g., birth certificate, marriage/state registered domestic partnership license)

Currently working/providing services for the Department? [ ]  Yes [ ]  No

[ ]  Department employee [ ]  Contract staff [ ]  Volunteer

Location(s) where you are or were assigned to work/provide services (e.g., facility, office):

Date work/services ended:       [ ]  N/A (Still working/providing services)

|  |
| --- |
| **INCARCERATED INDIVIDUAL INFORMATION**  |

Name:       DOC number:

Facility:

|  |
| --- |
| **HISTORY OF INVESTIGATIONS/INTELLIGENCE AND INVESTIGATIONS UNIT CONCERNS** |

[ ]  Yes [ ]  No Verified by:

Comments:

|  |
| --- |
| **HISTORY OF PRISON RAPE ELIMINATION** (**PREA) ALLEGATIONS** |

[ ]  Substantiated [ ]  Unsubstantiated [ ]  Unfounded [ ]  Pending investigation [ ]  No allegation history

Verified by:

|  |
| --- |
| **APPROVAL – UNSUBSTANTIATED/UNFOUNDED/NO ALLEGATION HISTORY** |

[ ]  Approved [ ]  Denied

      

Statewide Visit Specialist Signature Date

|  |
| --- |
| **APPROVAL – APPOINTING AUTHORITY FOR VOLUNTEER** |

[ ]  Approved [ ]  Denied

      

Appointing Authority Signature Date

|  |
| --- |
| **APPLICABLE ASSISTANT SECRETARY RECOMMENDATION** |

[ ]  Approved [ ]  Denied

      

Assistant Secretary Signature Date

|  |
| --- |
| **APPROVAL – SUBSTANTIATED PREA ALLEGATION OR CURRENT EMPLOYEES/CONTRACT STAFF/VOLUNTEERS** |

[ ]  Approved [ ]  Denied Comments:

      

Senior Director of Correctional Operations 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.**

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