

 **APPROVAL FOR VISITS BY CURRENT/FORMER**

 **EMPLOYEE, CONTRACT STAFF, OR VOLUNTEER**

Applicant Name:       Date:

[ ]  Department Employee [ ]  Contract Staff [ ]  Volunteer

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

Location(s) where you are or were assigned to work/provide services

 (e.g., facility, office)

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

Name of incarcerated individual DOC number Facility Unit

Relationship:       Supporting Documentation: [ ]  Yes [ ]  No

 (e.g., birth certificate, marriage/state registered

 domestic partnership license)

Specify how visits will benefit the incarcerated individual:

|  |
| --- |
| **APPROVAL** |

[ ]  Approved [ ]  Denied

 Statewide Visit Specialist,

Comments:

**For Current Employee/Contract Staff/Volunteer Only, if applicable**

[ ]  Approved [ ]  Denied

 Appointing Authority,

Comments:

**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 00-03, RCW 42.56, and RCW 40.14.**

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