



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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