

LEAVE / PASS ITINERARY

(1) Leave / Pass Itinerary must be filled out correctly and legibly.
(2) Leave / Pass Itinerary must be filled out prior to your request
(3) Leave / Pass Itinerary must be kept with you at all times.
(4) If you are on an approved Itinerary you must call the office if you are required to drug test - Failure to contact the office will result in a Positive Non Complaint
DATE OF REQUEST:

CLIENT NAME:	S.S.N. XXX-XX-
TELEPHONE NUMBER:	OTHER TELEPHONE NUMBER:
TYPE OF LEAVE:	Court Health / Medical Emergency Transportation Work Other

Date	Time	Departing Address / Location	Arriving Address / Location

I understand that failure to adhere to this itinerary may result in disciplinary action and that any changes shall be approved by the facility head or designee PRIOR to actual change.

	Client must call 405-743-1968 Extension 216 and leave a message including the date and time upon leaving and upon return.
	Client must call 405-564-4010 (After Hours Number) and leave a message including the date and time upon leaving and upon return
	Client must report to the Drug Court Office on _____ / _____ for a Drug Test. - Failure to report for the drug test as ordered will be considered a non-complaint
	Other:

Client Signature:			
Staff Signature:		Date:	
Staffed:	Yes No	With: _	
Approved:	Yes No	Comments:	