

**Transportation Leave Request Form  
(Use for Inmates transferring to EMP/GPS)**

Inmate requesting leave: \_\_\_\_\_  
First name MI Last name ODOC Number

Current assigned facility: \_\_\_\_\_

Supervising region/office: \_\_\_\_\_

Reporting instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALL INMATES MUST REPORT DIRECTLY TO THE ABOVE OFFICE, NO LATER  
THAN 2:00 P.M. ON THE DATE SCHEDULED**

Date/time of proposed leave: \_\_\_\_\_  
MM/DD/YYYY HH:MM AM/PM

Method of transportation: \_\_\_\_\_

Individual approved to provide transportation: \_\_\_\_\_

If private vehicle, owner: \_\_\_\_\_

Vehicle description: \_\_\_\_\_  
Make Model Color Tag

\_\_\_\_\_  
Inmate signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager IV signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facility Head/Designee signature

\_\_\_\_\_  
Date