TO: Superintendent or Regional Administrator  
FROM: YOUR NAME FACILITY NAME  
SUBJECT: APPROVAL OF AUTHORIZED LEAVE  

YOUTH’S NAME | JR NUMBER  
COUNTY OF COMMIT | COUNTY OF VISIT | REGION WHERE THE LEAVE WILL TAKE PLACE  

MINIMUM RELEASE DATE | MAXIMUM RELEASE DATE  
☐ Youth is past minimum sentence. | ☐ Youth has reached 60% of aggregate minimum sentence.  
PURPOSE OF LEAVE IN ACCORDANCE WITH RCW 13.40.205  
☐ Visit family to strengthen family relations  
☐ Make release plans requiring youth’s presence which will facilitate reintegration  
☐ Make placement plans requiring youth’s presence  

This leave is for:  
☐ The First Leave to Proposed Placement Location  
☐ A Subsequent Leave to Same Location  
☐ A sex, violent, kidnapping, or stalking offender  
☐ An emergency leave for youth on maximum or medium security  
☐ An Exception to Policy  
☐ None of the above  

COMMITTING OFFENSE(S) | OFFENSE(S) REQUIRING NOTIFICATION | DATE(S) OF OCCURRENCE  

ELIGIBILITY CRITERIA  
☐ Youth is at Institution Minimum or Minimum Security Classification  
☐ Criminal Warrant Check completed  

PUBLIC SAFETY ASSESSMENT  

DATE OF LEAVE  
From: | To:  
NUMBER OF DAYS YOUTH WILL BE ON LEAVE | TOTAL NUMBER OF DAYS YOUTH HAS BEEN ON AL  
SUPERVISING ADULT | RELATIONSHIP TO YOUTH | SUPERVISING ADULT HAS SIGNED AL ORDER?  
☐ Yes | ☐ No  

NOTIFICATIONS  
Law Enforcement Notification: ☐ Not required. ☐ Has been sent.  
Victim / Witness Notification: ☐ Not required. ☐ Has been sent.  
School Notification: ☐ Not required. ☐ Has been sent.  
Tribal Notification: ☐ Not required. ☐ Has been sent.  

☐ Home Review Questionnaire completed (Date completed: )  
HOME REVIEW COMPLETED BY:  
AUTHORIZED LEAVE ITINERARY COMPLETED BY:  
☐ Approved  
☐ Disapproved  
APPROVING SIGNATURE | DATE | PRINTED NAME  

DISTRIBUTION: Case File