RESIDENT LEAVE FORM

Last Name: _____   First Name: _____

Room Number: _____   Contact Phone #: _____

Days on Leave: *Checkout Date*: _____   *Return Date*: _____

For Security Use Only

Printed name of Officer placing Resident in vacant status: _____

Date Resident Returned: _____   Officer's Name: _____
                                                                              (Printed)

Leave Extended Until: _____   Officer's Name: _____
                                                                              (Printed)

Comments:

1. _____

2. _____

3. _____