**WRP / VWRP Approval / Denial Notice:**

Offender Printed Name: Offender #:

This notice is being provided in response to your application to participate in the DOC Work Release Program / Vocational Work Release Program. After careful consideration of your application as well as other factors such as your current offense(s) and your institutional conduct, the following decision was made:

Application / Participation **Approved**.

Application / Participation **Denied**. (See below.)

Your denial is (check one):

Permanent. You cannot participate in the Work Release Program / Vocational Work Release Program.

Temporary. You may re-apply to participate in the program in (time frame):

**Please acknowledge your receipt of this notice by signing below:**

Offender Signature: Date:

Offender Printed Name: Time:

**To be completed by staff delivering this notice:**

Check here if offender refused to sign the notice.

DOC Staff Signature: Date:

DOC Staff Printed Name: Title:

**Distribution:**

Original: Offender. Copy: WRP / VWRP File. Copy: Offender’s Institutional File.