



OKLAHOMA CORRECTIONS PROFESSIONALS

ASSISTANCE REQUEST FORM

DATE: _____

APPLICANT CELL PHONE #: _____ STATE EMPLOYEE ID: _____

APPLICANT NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____ EMAIL: _____

SPOUSE NAME: _____ SPOUSE'S OCCUPATION: _____

CHILDREN'S NAMES & AGES (LIVING IN THE HOME) _____

FACILITY: _____ JOB TITLE: _____ DATE OF HIRE: _____

WARDEN/ADMIN: _____ WORK PHONE: _____

REASON FOR REQUEST: (*documentation may be required*) _____

FACILITY INFORMED: (*Warden, Supervisor, HR, etc*) _____

IF YOU ARE AWAY FROM WORK AND USING ANY TYPE OF LEAVE, PLEASE COMPLETE THIS SECTION

LAST WORK DATE: _____ EXPECTED RETURN DATE: _____

DO YOU HAVE TIME ON THE BOOKS? YES ___ NO ___ IF YES, NUMBER OF HOURS: _____

REFERRING PERSON INFORMATION

NAME: _____ CELL PHONE: _____

JOB TITLE: _____ FACILITY: _____ WORK PHONE: _____

OCP MEMBER: YES ___ NO ___ WORK FAX: _____

EMAIL ADDRESS: _____