### COMMUNITY TRANSITION PROGRAM LEAVE LIST

**BCF □ □ □ □ □ □**

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<tr>
<th>PRISONER NAME</th>
<th>MDOC #</th>
<th>BEGINNING DATE</th>
<th>BEGINNING TIME</th>
<th>END DATE</th>
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<th>RELEASE LOCATION</th>
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Name of Staff Completing Form: Date:

**Distribution:**
- Chief Administrative Officer
- Unit Manager
- Central Control
- Admitting Staff
- Health Care Staff
- Office of Victim Services