

**PROBATIONER TRAVEL PERMIT WORKSHEET**

**\*\*Please make sure you submit this information a week in advance to ensure that your travel pass will be completed on time\*\***

**\*\*You must make a payment towards your probation fees within 30 days of a travel pass being granted. If no payment is made, no travel pass will be given.\*\***

Your Name: \_\_\_\_\_

PO's Name: \_\_\_\_\_

-Dates of Travel: \_\_\_\_\_

-Reason for Travel: \_\_\_\_\_

-Method of transportation- include name of flight/flight number if flying. Include year, make model, and license plate number if driving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

-Who you will be traveling with- Names & relationships: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

-Where you will be staying- House? Hotel? Include address, and name of hotel/ person you will be staying with: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Please return this information to your PO prior to one week before departure

Email:

Fax: 815-895-1642

Mail: 200 N. Main St. Sycamore, IL 60178