

SUPPLEMENTAL GUIDANCE REQUEST

The Departmental procedure listed below has been reviewed and found to be inadequate for this facility, unit, or section. A local operating procedure has been completed to provide supplemental guidance at the facility, unit, or section level.

Name of Facility, Unit, or Section: \_\_\_\_\_

This request concerns SOP: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Is SOP or LOP under Court Order? Yes: \_\_\_\_\_ No: \_\_\_\_\_

What is the name of the Court Order?: \_\_\_\_\_

Section: \_\_\_\_\_ Paragraph: \_\_\_\_\_

Section: \_\_\_\_\_ Paragraph: \_\_\_\_\_

Section: \_\_\_\_\_ Paragraph: \_\_\_\_\_

State the reason the supplemental guidance is necessary and the procedure that should supplement the SOP or part that is affected. (If additional sheets are required, include identifying information on each page such as; "Supplemental Guidance Request", SOP affected, Section and paragraph, date, and requesting facility, unit, or section.)

**(BE SPECIFIC)**

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Facility, Unit, or Section Manager: \_\_\_\_\_

LOP: Recommended/Disapproved: \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

Director of Facility/Probation Operations: \_\_\_\_\_

LOP: Approved/Disapproved: \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

**Record Retention: Form with original signatures shall to filed with the LOP while LOP is enforce, then archived with the LOP once superseded.**