

PROCEDURE VARIANCE REQUEST

The Departmental procedure listed below has been reviewed and found to be inadequate or inappropriate for this facility, unit or section. One or more variances are requested for Section(s) or Paragraph(s) of the SOP as indicated. (If more than three variances are necessary, a local procedure may be authorized to completely replace the SOP.)

Name of Facility, Unit, or Section:

This request concerns SOP: _____ Effective Date:

Section: _____ Paragraph:

Section: _____ Paragraph:

Section: _____ Paragraph:

Variance requested for entire SOP? Yes: _____ No: _____

Is SOP court ordered? Yes: _____ No: _____ Name of Court Order:

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

(BE SPECIFIC)

Facility, Unit, or Section Manager: _____ (Signature) _____ (DATE)

LOP:Recommend/Disapproved: _____ (Director of Facility/Probation Operations) _____ (DATE)

LOP:Approved/Disapproved: _____ (Division Director) _____ (DATE)

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Form with original signatures shall to filed with the LOP while LOP is enforce, then archived with the LOP once superseded