

CLASSIFICATION COMMITTEE STAMPS

Each facility shall use the following stamps below to document the Classification Committee actions in the offender's institutional file.

A.

(Facility Name)

INITIAL CLASSIFICATION / RECLASSIFICATION

Detail Assignment: _____

Dorm Assignment: _____

Program Assignment: _____

Security Level: _____

Transfer Request: _____

B.

(Facility Name)

ADMINISTRATIVE SEGREGATION

REVIEW DATE: _____

NEXT REVIEW DATE: _____

COMMENTS: _____

CHAIRPERSON SIGNATURE

DATE