

**CLASSIFICATION ACTION SHEET**  
Reclassification Form (**Inside Only**)

Date: \_\_\_\_\_

Offender Name: \_\_\_\_\_ GDC # \_\_\_\_\_

Race: \_\_\_\_\_ Housing: \_\_\_\_\_ Security: \_\_\_\_\_

1. CURRENT DETAIL/JOB ASSIGNMENT: \_\_\_\_\_

JOB CHANGES: NEW ASSIGNMENT: \_\_\_\_\_

2. CURRENT PROGRAM/CLASS: \_\_\_\_\_

NEW PROGRAM/CLASS ASSIGNMENT: \_\_\_\_\_

3. CURRENT DORM/BED ASSIGNMENT: \_\_\_\_\_

NEW DORM/BED ASSIGNMENT: \_\_\_\_\_

4. OTHER REQUESTED CHANGES:

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



COMMENTS:

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



MEMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

MEMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

CLASSIFICATION CHAIR: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED: \_\_\_\_\_ DISAPPROVED: \_\_\_\_\_

COMMENTS:

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