

Administrative Segregation Assignment Memo

FACILITY/CENTER: _____

TO: Deputy Warden/Assistant Superintendent/Unit Supervisor **Date:** _____

RE: Administrative Segregation **Time:** _____

Offender: _____ **Number:** _____

Present Assignment: _____

The above named offender was placed in Administrative Segregation on the above date for the reasons indicated:

Voluntary: _____

Offender's Signature: _____

Involuntary: _____

Date: _____ **Signature of Officer authorizing action:** _____

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Deputy Warden/Assistant Superintendent/Unit Supervisor 72-Hour Review Decision:

	Return Offender to appropriate housing assignment.
	Remain in Administrative Segregation (96-hour Formal Hearing for Initial Voluntary/Involuntary Assignment to Administrative Segregation to follow).

Deputy Warden/Assistant Superintendent/Unit Supervisor Signature: _____

Date: _____

CC. Warden
Offender

Retention Schedule: Upon completion, this form shall be placed in the offender's institutional file and maintained according to the official records retention schedule for that file.