Attachment 2
SOP 209.08 (IIB09-0003)
(04/11/16)

Administrative Segregation: Tier II Program
Assignment Memo

FACILITY: ___________________________  Date: __________

RE: Administrative Segregation: Tier II Assignment

Offender: ________________________________  GDC #: ______________

Present Assignment: ________________________________

The above named offender is being assigned to the Administrative Segregation: Tier II Program for the reasons indicated:

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

Date: __________  Warden’s/Designee Signature: ________________________________

*****************************************************************************************************

|   | I acknowledge the receipt of this Assignment Memo for placement in A/S: Tier II Program.  
|   | Date: _______  Offender’s Signature: ________________________________

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|   | I acknowledge that the offender received the A/S: Tier II Program Assignment Memo on this Date.  
|   | I acknowledge that the offender received the A/S: Tier II Program Appeal form on this Date.  

Date: _______  Staff Signature: ________________________________

Copies:  Offender
         Offender File

RETENTION SCHEDULE: Upon completion of this form, it shall be placed in the offender case history file.