Special Management Unit: Tier III Program
Assignment Memo

I. Offender: ___________________________ GDC #: __________________ DATE: ____________

II. Special Management Unit: Tier III Program Assignment

In accordance with Tier III Program SOP, you were placed in the Special Management Unit: Tier III Program for the following reasons:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Classification Committee Chair Approval/Disapproval: ________________________________
Signature/Date

Warden Approval/Disapproval: ______________________________________________________'
(Complete within 7 calendar days) Signature/Date

Regional Director Approval/Disapproval: ____________________________________________
(Complete within 7 calendar days) Signature/Date

III. Notice of Tier III Program Assignment: ________________________________
(Provide offender copy of Attachment 1) Offender Signature/Date

IV. 48-Hour Hearing Held: ________________________________
Date/Time

V. Offender's Service

Offender advised of assignment to Tier III Program and served a copy of Tier III Program Assignment Request Form (Attachment 1) and a copy of Tier III Program Assignment Memo (Attachment 2):

Date Served: ________________

Counselor: ________________________________

Offender Acknowledgment of Service: ________________________________

Offender Signature

Retention Schedule: Upon completion, this form shall be placed in the offender's institutional file.