

Department of Public Safety and Correctional Services  
Inmate Job Assignment Removal Form

TOPIC: Inmate Job Assignment Removal

(1) RECOMMENDATION for REMOVAL \_\_\_\_\_  
(First name) (Last name) (ID Number)

Work Detail: \_\_\_\_\_ Shift: \_\_\_\_\_ Bed/Cell: \_\_\_\_\_

Role of person making this recommendation: \_\_\_\_\_

Reason(s) for the recommendation: \_\_\_ Refused assignment \_\_\_ Job performance unsatisfactory

\_\_\_ Other. Explain below:

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

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

(2) FINAL DETERMINATION of the SHIFT COMMANDER:

The detail shall: \_\_\_ Remain as assigned. *Return form to the sender.*  
\_\_\_ Lose the assignment and transfer to a non-working bed. *Forward to Traffic.*  
\_\_\_ Other \_\_\_\_\_

Signature: \_\_\_\_\_, Shift Commander Date: \_\_\_\_\_

(3) TRAFFIC OFFICE: NEW HOUSING ASSIGNMENT Section: \_\_\_\_\_ Bed: \_\_\_\_\_

Assigned/ authorized by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_ *Forward to Section Officer for a new bed assignment.*

(4) VERIFICATION: HOUSING TRANSFER COMPLETED for the above listed inmate Section: \_\_\_\_\_ Bed: \_\_\_\_\_  
*Forward to Case Management for actual removal by case management action and inclusion in inmate case record.*

Signature of Section Officer: \_\_\_\_\_ Badge #: \_\_\_\_\_ Date: \_\_\_\_\_

Institution/Facility \_\_\_\_\_