**DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES**
**INCARCERATED INDIVIDUAL JOB ASSIGNMENT REMOVAL FORM**

(1) RECOMMENDATION for REMOVAL _____ _____ _____
(First Name) (Last Name) (ID Number)

Work Detail: _____ Shift: _____ Bed/Cell: _____

Role of person making recommendation: _____

Reason(s) for the recommendation: ☐ Refused Assignment ☐ Job performance unsatisfactory

☐ Other. Explain below:

_____

_____

_____

(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: _____

(3) TRAFFIC OFFICE: NEW HOSING 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 incarcerated individual.

Section: _____ Bed: _____

**(Forward to Case Management for actual removal by case management action and inclusion in incarcerated individual's case record)**

Signature of Section officer: _____ Badge #: _____ Date: _____

Facility: _____