

## Imposition of Intermediate Sanctions

(for temporary incarceration in a designated DOC facility)

Offender Name \_\_\_\_\_ DOC # \_\_\_\_\_

Violation(s) of Rules and Conditions:

<u>Rule #</u>	<u>Violation</u>

**Sanction(s) Imposed:** To include program, date to begin, length of sanction, and expectation (if a community based program is required, the time, location and transportation arrangements must be set out herein.)

**Medical Issues:** (list any known medical conditions/medications the offender is currently taking) Offenders taking prescribed medications shall take the medication, in the original pharmacy container, and release said medication to security staff until such time as the medical unit approves the medication for the offender to keep on his person.

**Employment Information:**

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_  
Rate of Pay: \_\_\_\_\_  
Work Schedule: \_\_\_\_\_  
Pay Period: \_\_\_\_\_

Percentage of Program Support Fees: \_\_ (to be determined by confining facility not to exceed 50% of net wages) \_\_\_\_\_

**Transportation Arrangement:**

Transportation to/from work: \_\_\_\_\_  
Name of Person Providing Transportation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
DOB: \_\_\_\_\_ /SSN: \_\_\_\_\_  
Prior Incarceration/Probation \_\_\_ Yes \_\_\_ No  
Make/model of car: \_\_\_\_\_ Tag No. \_\_\_\_\_

**Review of Applicable Policies:**

- OP-090110 entitled " Work Release"
- OP-030118 entitled "Visitation"
- OP-031001 entitled "Offender Escorted Leave/Activities"
- OP-030120 entitled "Offender Property"
- OP-120230 entitled "Offender Banking System"

Signature indicates that the undersigned offender has reviewed, understands and agrees to comply with the listed applicable policies. Additional policies may be applicable as determined by the confining facility. A violation of the rules outlined may result in additional violations and loss of earned credits pursuant to OP-060125 entitled "Department Offender Disciplinary Procedures."

\_\_\_\_\_  
Date

\_\_\_\_\_  
Offender Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Officer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Team Supervisor

