

Request for Specific Shift Assignment

Date:

To: Chief of Security

From:

RE: Request for Shift Assignment

The following shift is requested: _____.

Reason and/or justification to include extenuating circumstances for consideration:

Current PMP_____

Date Hired_____

Facility Need/Comments or reason for denial:

_____ Chief of Security	_____ Date	_____ Recommended	_____ Not Recommended
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_____ Deputy Warden	_____ Date	_____ Recommended	_____ Not Recommended
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_____ Facility Head	_____ Date	_____ Approved	_____ Denied
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Effective Date _____
Expiration Date _____