

**OKLAHOMA DEPARTMENT OF CORRECTIONS
INTRA-FACILITY ASSIGNMENT FORM**

FACILITY _____

DATE ____/____/____

SECTION I: IDENTIFICATION

INMATE NAME: _____ ODOC NUMBER: _____ RACE: ____ SEX: ____

OFFENSE: _____ SENTENCE YEARS ____ MONTHS ____ DAYS ____

ASSIGNED SECURITY: _____ PAROLE STATUS: _____ C.R.D. (MM/YY) ____/____

SECTION II: ASSIGNMENT ACTIONS

TYPE OF ACTION	EFFECTIVE DATE		MM/DD/YY
	FROM	TO	
JOB ASSIGNMENT	_____	_____	____/____/____
HOUSING ASSIGNMENT	_____	_____	____/____/____
PROGRAM ASSIGNMENT	_____	_____	____/____/____
OTHER	_____	_____	____/____/____

SECTION III: APPROVAL

FACILITY CLASSIFICATION COMMITTEE/UNIT TEAM COMMENTS: _____

CHAIRPERSON

MEMBER

OTHER

INMATE SIGNATURE ODOC NUMBER

APPROVING AUTHORITY REVIEW:

CONCUR: _____ DENIED: _____ MODIFIED TO: _____

SIGNATURE

TITLE

____/____/____
DATE

ORIGINAL: FIELD FILE

COPY: INMATE

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