

## Imposition of Intermediate Sanctions

(for temporary incarceration in a designated ODOC facility)

Inmate Name \_\_\_\_\_ ODOC # \_\_\_\_\_

Violation(s) of Rules and Conditions:

<u>Rule #</u>	<u>Violation</u>
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**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 inmate is currently taking) Inmates taking prescribed medications shall take the medication, in the original pharmacy container, and release said medication to security until such time as the medical unit approves the medication for the inmate 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-030118 entitled "Visitation"  
OP-030120 entitled "Inmate Property"  
OP-031001 entitled "Inmate Escorted Leave/Activities"  
OP-090110 entitled "Work Release"  
OP-120230 entitled "Offender Banking System"

Signature indicates that the undersigned inmate has reviewed, understands and agrees to comply with the listed applicable policies. Additional policies may be applicable as determined by the confining facility. Violation of the rules outlined may result in loss of earned credits and removal from the electronic monitoring program pursuant to OP-060125 entitled "Inmate/Offender Disciplinary Procedures."

\_\_\_\_\_  
Date Inmate Signature

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

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