

CLASSIFICATION ACTION SHEET
Reclassification Form (**Inside Only**)

Date: _____

Offender Name: _____ GDC # _____

Race: _____ Housing: _____ Security: _____

1. CURRENT DETAIL/JOB ASSIGNMENT: _____

JOB CHANGES: NEW ASSIGNMENT: _____

2. CURRENT PROGRAM/CLASS: _____

NEW PROGRAM/CLASS ASSIGNMENT: _____

3. CURRENT DORM/BED ASSIGNMENT: _____

NEW DORM/BED ASSIGNMENT: _____

4. OTHER REQUESTED CHANGES:



COMMENTS:



MEMBER: _____ DATE: _____

MEMBER: _____ DATE: _____

CLASSIFICATION CHAIR: _____ DATE: _____

APPROVED: _____ DISAPPROVED: _____

COMMENTS:
