STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
WORK ASSIGNMENT / REMOVAL REQUEST FORM

NAME:__________________________________________________ INMATE #_____________________

I am requesting the above listed inmate to be **ASSIGNED** to the ______________________ /_____________________

Title Code

For the following reasons:_____________________________________________________________________________
_____________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

I am aware of the inmate’s health status and am willing to employ him within its restriction(s).
Supervisor’s Name (Print Name)__________________________________________________________Date________________

Supervisor’s signature ________________________________________________Date_________________________

I am requesting the above listed inmate to be **REMOVED** from the____________________ /_____________________

Title Code

for the following reasons(attach incident report(s), work performance evaluation(s),disciplinary decision report for removal.
________________________________________________________________________________________________
________________________________________________________________________________________________
_______________________________________
________________________________________________________________________________________________

Supervisor’s Name (Print Name)__________________________________________________________Date____________________

Supervisor’s signature ________________________________________________Date____________________________

INMATE STATEMENT :
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Inmate Signature____________________________________________________Date____________________________

Health Status Date ________________________Restrictions________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

OUTSIDE FENCE ROSTER YES NO ESCAPE(S)/WALKAWAY YES NO
SINGLE FENCE ROSTER YES NO DETAINERS YES NO
DOUBLE FENCE ROSTER YES NO WARRANTS YES NO
SEPARATION NEEDS YES NO PE DATE

DISCHARGE DATE _____________________________________________________________________________

PRESENT STATUS UNIT MANAGEMENT DECISION If any of the above are marked yes, explain below.

UNIT__________ UNIT________________________
CUST__________ CUST_______________________
ASSIGN________ ASSIGN____________________
CODE__________ CODE_______________________

UMT REASON FOR ASSIGNMENT OR REMOVAL________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Signature _________________________________________________ Date___________________________

WHITE-MAIN FILE CANARY-SIX PART FILE PINK-INMATE GOLDENROD-SUPERVISOR

DOC 5.1.3 (Attachment) Offender Community Work Programs – Revised 04/13/11