

Notice of Temporary Suspension from Program

Prisoner's Names:	OTIS No.	Program:
Date:	Program Supervisor:	

Effective upon this notice, you have been temporarily suspended from the above named program for the following reason(s):

THE SUSPENSION WILL REMAIN IN EFFECT UNTIL:

- The Disciplinary Committee makes a determination and department appeals have been exhausted.
- Classification Committee/Hearing Officer makes a determination and department appeals have been exhausted
- Other: _____

COPY TO THE PRISONER		
<i>NOTE: MUST BE PROVIDED WITHIN ONE (1) WORKING DAY</i>		
Prisoner Signature:	Staff Signature:	
Date:	Title:	
	Date:	Time:

DISTRIBUTION: Original: Prisoner Case Record
 Copies: Prisoner
 Program Supervisor
 Probation Officer
 Circle: Disciplinary or Classification Committee