**Imposition Of Sanctions Form:**

**To:  Date: **

**Offender#:  Institution/File#: **

**From: **

This is to inform you the sanctions imposed at your Disciplinary Hearing are being enforced.

Date of Incident: ****

Date of Hearing: ****

Rule Violation: 22AAC 05.400 ****

SANCTIONS: ****

Sanctions Begin: **** @ ****

Sanctions End: **** @ ****

[ ] You chose not to appeal the decision of the Chairperson/Committee.

[ ] You did not submit an appeal within the allotted time.

[ ] You have exhausted all departmental levels of the appeal process.

[ ] Expedited: Prisoner is scheduled to be released from incarceration before the expiration of the normal administrative appeal time.

[ ] Suspended sanctions imposed.

**Distribution:**

Records: **\*NOTE:** Original to be sent to Records when form is completed.

Prisoner

Segregation Unit/Shift Supervisor (if applicable)

House/Module Officers (if applicable)

Time Accounting Officer (if applicable)

Prisoner Accounts (if applicable)