

**PROGRESSIVE REINTEGRATION OPPORTUNITY PROGRAM
PRO UNIT
STAFFING REVIEW**

Inmate Name (Last, First)

DOC Number

Unit / Cell Assignment

Date

On _____ you will be reviewed by the PRO Unit Review Team to determine your continued placement in the PRO Unit. This consideration is based on the following incident:

Upon appearing before the Staffing Committee, you will have an opportunity to provide the committee with pertinent information regarding the review.

Will **not** attend scheduled review.

Will attend scheduled review.

Inmate Signature / DOC Number / Date

Staffing Results:

Associate Warden – Programs

Date

Associate Warden – Security

Date

Intelligence Officer

Date