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The basis for this determination is indicated below:

DSS	DATE	DSP/Designee	DATE
OMH Unit Chief/Designee (if SMI)	DATE		

1. Date: _____ Recommendation: _____

☐ Remove from EC (choose one):

☐ Returned to full out-of-cell programming/activity

☐ Transferred

☐ Other (RCTP, INF, etc.) _____

OMH Unit Chief/Designee (If SMI): _____

Print Name/Title	Date
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2. Date:_____ Recommendation:_____

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