

Offender name _____ DOC number _____ Unit/cell _____

Infraction group number _____

You have been found guilty of rule violation(s): _____

The following sanction(s) were imposed: _____

Your sanction will begin on ____ at ____ a.m. p.m. and end on ____ at ____ a.m. p.m.

1. Cell confinement or confinement to quarters sanctions are required to remain in their cells/assigned area(s) except for attendance at work/school program(s), religious services, visits, meals, or law library if documented court deadline has been imposed.
 - a. You will be allowed the opportunity to shower, make telephone calls, use J-Pay/Kiosk, and room cleaning between the hours of ____ and ____ a.m. p.m. monitored by employees/contract staff.
 - b. If you are not involved with one of the above activities, you are to remain in your cell and the cell/room door must remain closed.
 - c. Law Library and legal telephone calls must be pre-approved. Any other activities must be requested in writing and approved by the Correctional Unit Supervisor or Unit Sergeant.
2. When going to/returning from an authorized activity, you are not to loiter, engage in other activities, make side trips, or stop to converse with anyone.
3. It is your responsibility to seek work assignments to ensure your extra duty sanction is completed by the above date. Extra work duty is to be performed as determined by employees/contract staff. Refusal and/or failure to perform or complete any extra work duty may result in an infraction.
4. Exceptions to any of the above conditions must be approved in advance by unit employees/contract staff.

SANCTION RECORD (Continue on back if needed)										
EXTRA WORK DUTY						CELL CONFINEMENT (Optional)				
Date and Time Started	Staff Initials	Time and Date Completed	Hours Completed	Hours Remaining	Staff Initials	Date and Time Cell Cleaned/Laundry	Phone		Shower	
							On	Off	In	Out

I have read and received a copy of this form and understand the sanction imposed. _____
Time notice served

Name/DOC number _____ Signature _____ Date _____

Employee/contract staff name _____ Signature _____ Date _____

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14. Upon completion, the data classification category may change.

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