

**OKLAHOMA DEPARTMENT OF CORRECTIONS  
INTRA-FACILITY ASSIGNMENT FORM**

FACILITY \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

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**SECTION I: IDENTIFICATION**

INMATE NAME: \_\_\_\_\_ ODOC NUMBER: \_\_\_\_\_ RACE: \_\_\_\_ SEX: \_\_\_\_

OFFENSE: \_\_\_\_\_ SENTENCE YEARS \_\_\_\_ MONTHS \_\_\_\_ DAYS \_\_\_\_

ASSIGNED SECURITY: \_\_\_\_\_ PAROLE STATUS: \_\_\_\_\_ C.R.D. (MM/YY) \_\_\_\_/\_\_\_\_

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**SECTION II: ASSIGNMENT ACTIONS**

TYPE OF ACTION	EFFECTIVE DATE		MM/DD/YY
	FROM	TO	
JOB ASSIGNMENT	_____	_____	____/____/____
HOUSING ASSIGNMENT	_____	_____	____/____/____
PROGRAM ASSIGNMENT	_____	_____	____/____/____
OTHER	_____	_____	____/____/____

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**SECTION III: APPROVAL**

FACILITY CLASSIFICATION COMMITTEE/UNIT TEAM COMMENTS: \_\_\_\_\_

CHAIRPERSON \_\_\_\_\_

MEMBER \_\_\_\_\_

OTHER \_\_\_\_\_ INMATE SIGNATURE ODOC NUMBER

APPROVING AUTHORITY REVIEW:

CONCUR: \_\_\_\_\_ DENIED: \_\_\_\_\_ MODIFIED TO: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
SIGNATURE TITLE DATE

ORIGINAL: FIELD FILE  
COPY: INMATE

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