

**MAINE DEPARTMENT OF CORRECTIONS
STAFF REQUEST FOR PRIVILEGE LEVEL REDUCTION**

All staff requests for privilege level reduction shall be forwarded to the Unit Manager, or designee.

Prisoner Name: _____ MDOC #: _____ Housing Unit: _____

Date of last level decision: _____ Current level: _____

Summary of prisoner's behavior since last privilege level decision (if known): _____

Summary of case plan compliance since last privilege level decision (if known): _____

Reason for request for privilege level reduction: _____

Is there any documentation in CORIS to support this request? NO YES (if yes, specify): _____

| | | |
|------|-----------------------|--------------------|
| Date | Printed Name of Staff | Signature of Staff |
|------|-----------------------|--------------------|

Decision of Unit Manager whether to allow review by Unit Management Team: Yes No

If review allowed, decision of Unit Management Team: **LEVEL REDUCTION APPROVED**
 LEVEL REDUCTION DENIED

If applicable, decision of Unit Manager to override denial by Unit Management Team.

If level reduction approved by Unit Team or Unit Manager, date prisoner may apply for level advancement:

If level reduction approved by Unit Team or Unit Manager, steps prisoner must take to advance in level:

| | | |
|------|---|--|
| Date | Printed Name of Unit Manager, or designee | Signature of Unit Manager, or designee |
|------|---|--|