



# FLORIDA DEPARTMENT OF CORRECTIONS INMATE PROMOTIONAL REQUEST

This is your request for promotion to Phase III of the Extended Day Program.

**This form is to be completed in a neat, correct, and truthful manner. Any falsified information recorded on this form may result in disciplinary action.**

\_\_\_\_\_ Inmate Name \_\_\_\_\_ Inmate DC# \_\_\_\_\_ Date

\_\_\_\_\_ Work/Education Assignment \_\_\_\_\_ Housing Assignment

### Academic Education

I received my High School Diploma/General Equivalency Diploma (GED) prior to my incarceration.

Available Programs:

Presently Enrolled:

Completed:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Vocational Education

Available Programs:

Presently Enrolled:

Completed:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Substance Abuse

Available Programs:

Presently Enrolled:

Completed:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Betterment Programs

Available Programs:

Presently Enrolled:

Completed:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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\_\_\_\_\_ Inmate Name \_\_\_\_\_ Inmate DC# \_\_\_\_\_ Date

I have received \_\_\_\_\_ disciplinary reports within the past four (4) months. I have received \_\_\_\_\_ corrective consultations within the past four (4) months.

In the space provided below, **print** any comments that you feel may benefit the Institutional Classification Team and Review Board of Extended Day Program staff concerning your request.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am prepared to explain to the Institutional Classification Team and Review Board my self-improvement plan, to include all goals that I have set for myself. I am also prepared to recite the Extended Day Creed.

**Staff Comments** (Optional)

<u>Staff Name/Title:</u>	<u>Comments:</u>	<u>Date/Staff Initials:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If the Institutional Classification Team and Review Board reviews your request for promotion and you do not qualify, your request will be returned to you with a response noting the area that you did not meet qualifications. This will be your guide for setting the necessary goals and achieving them in order to re-submit.

\_\_\_\_\_ Inmate Signature \_\_\_\_\_ Date

\_\_\_\_\_ Dormitory Officer Signature \_\_\_\_\_ Date

\_\_\_\_\_ Work Supervisor Signature \_\_\_\_\_ Date

\_\_\_\_\_ Education Placement/Transition Signature \_\_\_\_\_ Date

**This completed form is to be sent through the institutional mail to the Extended Day Sergeant.**



# FLORIDA DEPARTMENT OF CORRECTIONS

## INMATE PROMOTIONAL REQUEST

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Inmate Name

Inmate DC#

Date

**This section is to be completed by the Institutional Classification Team and Review Board.**

Your request for advancement to Phase III is approved.

Your request for Phase III advancement is denied for the following reason(s):

Inadequate educational/vocational accomplishments

Disciplinary action taken exceeding established promotional criteria during the past four (4) months

Inadequate betterment program accomplishments

Appearance, personal hygiene, conduct

Inability to recite Extended Day Creed

Other (explain)

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