STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
YOUTH COMMUNITY CORRECTIONS

POLICY/PROCEDURE/FORM REVIEW

I, _____ have reviewed the following policy, procedure, and/or form, and I understand that failure to follow or enforce the policy, procedure, or use this form may result in disciplinary action including, but not limited, to discharge.

Policy/Procedures/Form Number

Number	Policy/Procedure/Form Title

Employee Signature _____ *Employee ID #* _____ *Date* _____

Supervisor Signature _____ *Date* _____

PLEASE RETURN THIS FORM TO THE YOUTH COMMUNITY CORRECTIONS BUREAU CHIEF, for forwarding to the Youth Services Training Specialist, for entry into your training record.

This review was sent on_____. This review is due by_____.