

POST ORDER FORMAT

STATE OF VERMONT AGENCY OF HUMAN SERVICES DEPARTMENT OF CORRECTIONS POST ORDER (Facility Name)	Station/Post Name:
	Post Order Number:
	Title:
	Effective Date:
	Authorized by: _____ <div style="text-align: center;">Facilities Executive</div> Superintendent _____
Security Level "A" (restricted) or "B"(unrestricted)	

Scope: Designates the post to which this post order applies.

Definitions:

A. Terms Defined (consistent with approved Departmental glossary).

History: (Circle one.)

A. There is no post order that this post order replaces or rescinds.

B. This post order supersedes provisions of _____ and any other existing post order with which it may be in conflict.

Responsibility/Duties/Procedures:

Attachment(s):

(List here and attach to document)