



# Illinois Department of Corrections

## Administrative Directive

Number: <b>01.03.100</b>	Title: <b>Form Management Guidelines</b>	Effective: <b>3/1/2021</b>
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<b>Authorized by:</b>	<i>[Original Authorized Copy on File]</i>	<b>Rob Jeffreys</b> Acting Director
<b>Supersedes:</b>	01.03.100 effective 2/1/2020	

<b>Authority:</b> 730 ILCS 5/3-2-2	<b>Related ACA Standards:</b> 5-ACI-1A-01, 05, 12, 14
<b>Referenced Policies:</b> 01.03.110	<b>Referenced Forms:</b>

### I. POLICY

The Department shall develop, maintain, monitor and control forms used throughout the Department.

### II. PROCEDURE

#### A. Purpose

The purpose of this directive is to define terms used throughout this subsection and to establish responsibilities of staff for administering the use of forms within the Department.

#### B. Applicability

This directive is applicable to all facilities, offices, program and parole services within the Department.

#### C. Facility Reviews

A facility review of this directive shall be conducted at least annually.

#### D. Designees

Individuals specified in this directive may delegate stated responsibilities to another person or persons unless otherwise directed.

#### E. Definitions

Automated form - a form that can be completed on the computer (on-line) using specific software such as Microsoft Word, Adobe PDF or Excel.

Executive staff - the Director, Assistant Director, staff who report directly to the Director and other staff so identified by the Director.

External form - a form that originates within the Department of Corrections but is transmitted to, or requests information from, entities outside of the Department.

Form - a standard document, printed or reproduced by any means, that includes blanks for insertion of details or information and that is intended for use on an on-going basis. It does not include letterhead or memoranda paper, business cards, desk memos or templates such as audit instruments designed for use by an office or unit in expediting daily functions.

Internal form - a form that originates within the Department and remains within the Department.

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Local form - a form that is unique to the operation of a specific facility and that is used by more than one office in the facility or that is in an offender's master file.

Statewide form - any form that may be used by more than one facility, office or program site within the Department; any external form; and any form that is referenced in an administrative directive.

**F. General Provisions**

1. The Manager of the Policy and Directive Unit shall be designated as the Agency Forms Coordinator. The Agency Forms Coordinator shall:
  - a. Develop forms management procedures.
  - b. Coordinate development of a numbering system and assign Statewide form numbers. New and revised Statewide form numbers shall have the alpha prefix DOC and be sequentially numbered beginning with 0001. The number of any rescinded form shall not be reissued.

**Example:** DOC 0001
  - c. Ensure Statewide forms are reviewed periodically and revised or rescinded as necessary and ensure that appropriate staff are notified of changes or rescissions.
  - d. Maintain a copy of all current Statewide forms.
  - e. Maintain a Statewide forms database that includes, at a minimum, the form name, form number, the authorizing authority for the form (such as Administrative Directive, Department Rule and Statute), category (such as personnel, payroll, health care and parole), and the effective, revision or rescission date of the form.
  - f. Place Statewide forms in the DOC Forms Directory (conweb2\docforms).
2. The Chief Administrative Officer of each facility shall designate a Local Forms Coordinator. The Local Forms Coordinator shall be an individual who has:
  - a. Knowledge of the Department and local policies and procedures.
  - b. Access to and working knowledge of computers and a database program.
3. The Agency Forms Coordinator shall function as the Local Forms Coordinator for all other offices. Each Chief or Deputy Director may designate liaisons to work with the Agency Forms Coordinator in developing forms for specific areas such as Personnel, Industries, School District, Parole, etc.
4. The Local Forms Coordinator shall:
  - a. Coordinate the development, review and approval of local forms.
  - b. Act as intermediary between the Agency Forms Coordinator and the facility.
  - c. Assign form numbers to local forms using the location code for the main facility (see Attachment A) as listed on the O360 system and a non-duplicative sequential number beginning with 0001. The number of any rescinded form shall not be reissued.

**Examples:** BMR 0001, LOG 0001, and PEO 0001

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- d. Ensure local forms are reviewed periodically and revised or rescinded as necessary, and ensure that appropriate staff is notified of changes or rescissions.
  - e. Maintain copies of all local forms.
  - f. Maintain a local forms list including, at a minimum, the form name, form number, action requested (such as new, revised or rescinded), printing information, the authorizing authority for the form (such as Administrative Directive, Department Rule and Statute), category (such as personnel, payroll, health care, parole, etc.), justification and the effective revision or rescission date of the form.
5. The Chief Administrative Officer shall:
- a. Submit the current name of the Local Forms Coordinator in writing to the Agency Forms Coordinator and update the names as necessary.
  - b. Establish written local procedures regarding forms management.
6. Each Chief and Deputy Director who designates a liaison shall submit the name of the individual to the Agency Forms Coordinator and update the name as necessary.
7. Statewide forms shall supersede any local forms. When a Statewide form is issued, Local Forms Coordinators shall take appropriate action to rescind local forms.
8. Statewide forms may be personalized, as follows, prior to printing for facility use, but the content shall not be changed or expanded.
- a. Identifier fields for the facility name and address may be completed.
  - b. The name and title fields for the Chief Administrator may be completed provided no more than a one month supply of forms is being printed.
  - c. Statewide forms may be approved for printing on local letterhead or memorandum paper.
9. Each facility shall review local forms currently in existence in accordance with local procedures.
- a. Local forms for which there is a Statewide form or for which there is no longer a need shall be rescinded.
  - b. Forms shall be updated as needed and renumbered in accordance with the forms directives.
10. Questions regarding forms management shall be directed to the Policy and Directive Unit, 217/558-2200, extension 6507.

**G. General Forms Format**

1. Forms shall have a minimum of 1/2 inch page margins, whenever possible.
2. Form headings shall be in bold print, normally centered horizontally on the page, and set up as follows:
  - a. The agency name "Illinois Department of Corrections" shall be placed on the first line of the form in a smaller font than the form name, preferably in small caps font appearance.
  - b. The actual form title shall be in distinctive font and placed on the second line.

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- c. The facility name may be placed on the third line unless a facility field is placed elsewhere on the form.

**Example: ILLINOIS DEPARTMENT OF CORRECTIONS  
Security Summary  
Stateville Correctional Center**

- 3. The form number and effective or revised date shall be in the lower right corner of the form.
  - a. The alpha prefix of form numbers shall be capitalized followed by a space and the non-duplicative sequential number.
  - b. The date shall be preceded by an indication of whether this is the initial effective date of the form with this form number (Eff.) or a revision (Rev.) of a form with this number. This indicator, a space, and the date (month/4 digit year) shall be enclosed within parentheses.
 

**Examples:** DOC 0001 (Eff. 6/2001) for the initial form issued this number even if it replaces a form with a different number.

PON 0099 (Rev. 8/2001) for a revision of form PON 0099.
  - c. If a form is renumbered, the prior form number shall be placed in a distinctive type font within parenthesis below the new form number.
- 4. The distribution shall be indicated in the lower left corner of each form except for identification, authorization or certification cards, or as otherwise approved by the Agency Forms Coordinator.
- 5. Where appropriate, the statement "Printed on Recycled Paper" shall be centered on the last line of the form in a smaller font such as 6 point.
- 6. Abbreviations and icons shall not normally be used unless the abbreviation or icon is well known (for example, ID for identification, DOB for date of birth, AKA for also known as, SSN for social security number, # for number, etc.).

**H. Forms Accessibility**

**1. Statewide Forms**

- a. The Agency Forms Coordinator shall:
  - a. Maintain a distribution list, including, but not limited to, Local Forms Coordinators, that shall be issued notification of information regarding new, revised and rescinded forms;
  - b. On a monthly basis, provide notice of any new, revised or rescinded forms or provide a notice of no changes.
- b. All Statewide forms shall be placed in a Statewide forms directory and shall be accessible via the Intranet at "conweb2\docforms".
  - (1) Forms that have been converted to another language such as Spanish shall contain the language following the form number.

**Example:** DOC0100Spanish.xls **or** DOC0100Spanish.doc

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- (2) Forms may be listed in the directory in more than one version if the format for printed documents appears different from the printed copy of an automated form, or if there are also foreign language versions.

2. **Local Forms**

Local forms shall be accessible through the Local Forms Coordinator. Local forms may be placed on the facility's network for accessibility and they may be automated for on-line completion.

3. **Other Agency Forms**

Where feasible, other agency forms may be automated in accordance with Administrative Directive 01.03.110.

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**Attachment A**

**Statewide Form Prefix**

Old Prefix	New Prefix
710	DOC

**Alpha Listing of Facility Form Prefixes**

Correctional Center	Old Prefix	New Prefix
Big Muddy	0	BMR
Centralia	10	CEN
Danville	20	DAN
Decatur	270	DCT
Dixon	30	DIX
East Moline	50	EMO
Graham	60	GRA
Hill	70	HIL
Illinois River	80	IRI
Jacksonville	90	JAC
Lawrence	280	LAW
Lincoln	110	LIN
Logan	120	LOG
Menard	130	MEN
Pinckneyville	260	PNK
Pontiac	150	PON
Robinson	160	ROB
Shawnee	170	SHA
Sheridan	180	SHE
Southwestern	240	SWC
Stateville	190	STA
Taylorville	200	TAY
Vandalia	210	VAN
Vienna	220	VIE
Western Illinois	230	WIL

Adult Transition Center	Old Prefix	New Prefix
Crossroads	800	CRS
Fox Valley	820	FOX
North Lawndale	920	LWN
Peoria	860	PEO