

CHAPTER 12

EQUAL EMPLOYMENT OPPORTUNITY

12-1. Equal Employment Opportunity. Federal Laws (Title VII of the Civil Rights Act of 1964, as amended; Federal regulations of the Equal Employment Opportunity Commission (EEOC), (29CFR Part 1614) and related regulations prohibit discrimination in federal employment based on race, color, religion, gender, national origin, age, physical or mental handicap, and/or reprisal/retaliation. The National Guard Bureau, NGB-EO, has the responsibility for enforcing these provisions in the Mississippi National Guard. This agency is responsible for developing and implementing our own equal employment opportunity program that is consistent with published guidelines. Once developed, this program will consist of recruitment activities designed to reach and attract the under-represented population(s) of the full time workforce; hiring goals for minorities and women; training and evaluation to assure program understanding and support by supervisors and managers; and internal program evaluation and progress reports.

SEXUAL HARASSMENT

12-2. Sexual Harassment. Sexual Harassment is a very serious, sensitive issue, affecting both men and women. It impacts not only the victim emotionally and physically but is costly to the Mississippi National Guard in time, money, and other resources. Courts have determined that agencies may be held liable whether or not they are aware of allegations. Commanders, managers and supervisors at all levels play a critical role in establishing and maintaining a productive and professional work environment under their control. Many of the acts and neglects that constitute sexual harassment are prohibited and punishable under civil and military law as criminal acts and should be treated as such. Sexual harassment is wrong and will not be tolerated. No employee should be subjected to unsolicited and unwelcome sexual overtures or conduct either verbal or physical, overt or subtle. An individual may be engaging in sexual harassment when:

- a. Through behavior of sexual nature attempts to control, influence, or affect the career, pay, or job of an individual.
- b. Makes deliberate or repeated verbal comments, innuendoes, gestures, or displays literature of a sexual nature that is offensive.
- c. Makes abusive physical contact of a sexual nature.
- d. Unreasonable interferes with an individual's work performance or creates an intimidating, hostile, or offensive working environment.

TECHNICIAN ASSISTANCE PROGRAM

12-3. References:

- (1) Public Law 91-616
- (2) Public Law 922-255
- (3) FPM Supplement 792-2
- (4) TPS 792-2

12-4. General.

- a. Technician Personnel Regulation (TPR) 752 affords technicians who are suspected of having disabling conditions brought on by abuse of alcohol or drugs (both illicit and prescription) that affect job performance, the protection of the Technician Assistance Program. The provisions of the TAP are outlined below:

(1) In all the cases of alcohol or drug problems, management is required to offer rehabilitative assistance as “reasonable accommodation” of a technician’s known handicap. If the technician agrees to participate in a rehabilitative program and then does not keep his/her appointment or the rehabilitative efforts do not result in improved conduct, management may proceed with appropriate action.

(2) When a technician’s reply to a proposed adverse action establishes for the first time a handicapping condition of alcoholism or drugs, management proceeds by issuing the original decision as outlined in TPR 752 paragraph 2-17. However, the original decision must place the penalty decided upon in abeyance for a specified period (usually 6 months to 1 year) to provide the technician reasonable time to participate in a rehabilitative program. If within the specified period the technician fails to successfully participate or the participation does not result in improved conduct, the adverse action is effected; HRO clearance is required before effecting the action. If the penalty is not effected within the specified period, management must treat it as if it never happened.

(3) When a technician’s appeal alleges for the first time that management should have known of his/her handicapping condition of alcoholism or drugs, the NGB administrative hearing examiner and/or State Adjutant General determines whether or not management failed to provide reasonable accommodation (should have inferred from the circumstances of the case that the technician was handicapped by alcohol or drugs).

NOTE: If there is a reason to believe the technician’s problem(s) stem from alcoholism or drug abuse, a manager or supervisor must make the provisions of the TAP known to the technician, in writing, either as part of the “Letter of Reprimand” or “Proposed Adverse Action”. The manager or supervisor should never sit as “judge and jury” and decide on his own that a technician’s problems are not caused by alcoholism or drug abuse. The manager or supervisor must offer the rehabilitative assistance, offering the below information in writing:

“If your conduct is affected by alcoholism or drugs, you are again advised of the State’s Technician Assistance Program. If you have a problem in this area, contact TAP Coordinator, Mississippi Military Department, P.O. Box 5027, Jackson, MS 39296-5027 or call him at 601/313-6124.”

b. The Adjutant General recognizes alcohol and drug abuse to be illnesses that can be successfully treated. Mississippi National Guard military technicians (competitive as well as excepted) will be given the same consideration as those with other illnesses that can be successfully treated.

c. It is the Mississippi National Guard’s goal to help those individuals who develop such problems by assistance to prevent their condition from progressing to the degree that they cannot perform their duties effectively or jeopardize the safety and well-being of themselves or others.

12-5. Definitions. For the purpose of this directive:

a. Alcoholism. A diseased condition caused by excessive use of alcoholic liquors.

b. Alcoholic. An individual who has the illness of Alcoholism.

c. Problem Drinker. An individual who’s drinking habits interferes with his job performance. He/she may or may not be an alcoholic. For the purpose of definition, a problem drinker whether or not he/she has lost their ability to control his use of alcohol, does not control it well enough to perform the duties of their job in an acceptable manner.

NOTE: Although there are many variations of the above definitions these are the key definitions. The terms “problem drinker” and “alcoholic” may be used interchangeably in the context of the TAP on alcoholism, since the same course of action applies in either case. Concern for individual drinking practices seems to begin only when they result in unsatisfactory job performance; however, it is in the interest of the problem drinking technician and the Mississippi National Guard that the problem be identified and treated as soon as possible. Although the notion of alcoholism as a treatable disorder is gaining ground among decision-makers at the highest levels, there seems to be much more resistance to the concept of rehabilitating a technician who is drug-dependent. Several reasons might explain the resistance. To begin with, alcoholism is a much more familiar disorder than drug abuse, which became widespread only in recent decades. Second, some drugs, such as marijuana have been primarily associated with the youngest members of the workforce whereas management and supervisory personnel are generally more senior and perhaps therefore less sympathetic, although prescription drug abuse seems to be no respecter of age categories. Finally, some drug involvement carries a taint of criminality leading decision-makers to view the problem as one of law enforcement rather than therapy.

From a scientific and legal standpoint, abuse of alcohol and abuse of other substances have much in common, and since both are defined as “behavioral changes caused by alcohol, barbiturates and similar sedatives and hypnotics, opioids, amphetamines or cannabis (marijuana)”, abusers of either must therefore be afforded the protection of the Technician Assistance Program.

It is universally recognized that a drug used by a technician can differ from alcohol in one highly significant respect; the drug may be illegal. This is not true, of course, of all abused substances. Technicians may be abusing lawfully obtained prescription drugs or over-the-counter drugs for which no prescription is needed.

12-6. Policy.

- a. Every effort will be made to retain valued technicians who are developing or have a drinking problem, or show signs of drug dependence by helping them treat and arrest its further advance.
- b. Alcoholism, problem drinking, or drug abuse is an illness and should be treated as such.
- c. The majority of problem drinkers or drug abusers can be helped to recover and therefore will be offered appropriate assistance.
- d. Sick leave will be granted, upon request, to those technicians seeking treatment for alcohol or drug abuse. Should the affected technician have little or no sick leave, absence on annual leave or leave without pay may also be authorized.
- e. The decision to undertake treatment is the responsibility of the affected technician, and no technician should be forced to accept assistance.
- f. Payment for treatment at a rehabilitative institution is the individual technician’s responsibility. At no time will the Mississippi National Guard assume payment responsibility. Technicians affected by alcohol and drug abuse must be cautioned regarding their financial responsibility before enrollment in any rehabilitative program. There is no provision in law or regulation for payment of the technician’s rehabilitation costs. As stated above, the individual technician is responsible for the cost of treatment of both alcohol related or drug abuse problems. The Federal Employee Health Benefits Program, as well as other health/hospital plans, may provide full or partial payment of some costs. Some civilian rehabilitation centers charge fees on a sliding scale based upon the individual’s ability to pay; however, most centers will not refuse an individual because of inability to pay. The technician has the freedom of choice to attend the treatment center or resource he desires in coordination with, and approval of, the TAP Coordinator. The technician enrolled in the TAP must consent to referral for a diagnostic evaluation to ascertain the nature of the problem and the possible solutions

for correcting the problem. Furthermore, the technician must be aware that appropriate personnel action will be recommended by the TAP Coordinator if;

- (1) It is believed that technician has an alcohol or drug problem and will not admit to it and/or seek help when given an opportunity to do so.
- (2) The technician agrees to participate in a rehabilitation program and then does not keep appointments.
- (3) The rehabilitative efforts do not result in improved performance of conduct of an acceptable level.
- (4) Consent form to disclose patient information to the TAP Coordinator is not provided by the individual.

g. Complete confidential handling of problem drinking situations is essential. No reference to alcoholism or drug abuse shall appear in personnel files (both Official Personnel Folders maintained in the HRO office as well as records maintained by supervisory personnel). Personnel records of action taken are to be related to the unsatisfactory performance (whatever aspect it may be) and not to alcoholism or drug abuse. Great care should be taken to see that the entire problem is given strict confidential handling. However, discussion of job performance deficiencies and actions taken to obtain improvement in these areas should be documented. This includes referring individuals to seek assistance thru the Technician Assistance Program in letters of reprimand as well as "Proposed Adverse Action".

h. If all reasonable efforts at treatment fail, or if the technician consistently refuses to seek treatment or if their drinking or drug abuse continues to interfere with their work performance, appropriate disciplinary action will be taken in accordance with the Technician Personnel Regulation 752.

i. A technician with a drinking or drug problem will not jeopardize their job security or promotional opportunities if they request treatment and successfully complete the offered rehabilitative assistance program. However, a technician encumbering a sensitive position may be subject to suspension of access to classified material including possible permanent or temporary reassignment or placement or appropriate leave if the responsible management official or supervisor believes that the technician's drinking or drug problem adversely affects national security. (Management officials and supervisors should refer to AR 600-300; AR 604-5; AFR 205-1; or DOD Reg. 5200.1R for suspension of access and revocation of security clearances for drug and alcohol dependent personnel).

12-7. Responsibilities.

a. A staff member of the Adjutant General (normally the Equal Employment Manager) will be assigned the duties of Technician Assistance Program Coordinator. They will coordinate the overall program and provide guidance and counseling as needed. This includes arranging for and/or providing training for management officials, supervisors, and educating the workforce. Additionally, the TAP Coordinator will:

- (1) Arrange for and/or provide educational materials that can be used to prevent or discourage alcohol or drug abuse within the technician workforce.
- (2) Provide information regarding TAP to new technicians to enhance awareness of the service available.
- (3) Arrange for and/or provide information to management officials/supervisors to insure that they understand the program. Disseminate procedures for dealing with technicians with an alcohol or drug problem, financial or legal difficulties, family or other personal problems. Make them aware of the benefits to be derived from successful rehabilitation of their technicians with such problems.

- (4) Establish liaison with community education, counseling treatment, and rehabilitation facilities. Maintain listing of these diagnostic and referral resources.
- (5) Respond to requests for advice from management officials/supervisors and/or requests for assistance from technicians with interview and referral to appropriate helping resource in the community.
- (6) Maintain and report statistics on the progress as required by appropriate guidance and/or regulation.
- (7) Obtain necessary consent for release of patient information from client and maintain necessary files to monitor their progress.
- (8) Maintain confidentiality of records, files, and reports.
- (9) Evaluate and determine if the technician is satisfactorily participating in rehabilitation and make recommendations to the Human Resources Officer for granting/advancing sick leave, annual leave, or LWOP as appropriate and as may be required for technicians.
- (10) Make recommendations to return technicians to duty status upon successful rehabilitation, or release from the program for appropriate personnel action in the event of failure to satisfactorily pursue or failure at rehabilitation efforts.

- b. The Human Resources Officer is responsible for the training of supervisors in the recognition of problem drinkers and the implementation of the program.
- c. Supervisors are responsible for recognizing and taking appropriate action when reasonable evidence exists that a technician's drinking habits or drug abuse are hindering job performance.

12-8. On-The-Job Indicators of Problem Drinkers and Drug Abusers. Employed problem drinkers or drug abusers make strenuous and often successful efforts to conceal the true extent of their excessive drinking or drug habit. Some on-the-job indicators are:

- a. Repeated Friday, Monday, or half-day absences.
- b. Frequent reporting of absences by members of the technician's family or persons other than the technician himself.
- c. Unusual excuses for absences.
- d. Late to work on numerous occasions.
- e. Hangovers on the job.
- f. Morning drinking before going to work.
- g. Drinking during working hours.
- h. Long lunch periods.
- i. Leaving the work site temporarily.
- j. Avoidance of the supervisor.

- k. Frequent use of breath purifiers.
- l. Lying about inconsequential matters.
- m. Display of an increasing lack of responsibility.
- n. Mood changes in a previously stable technician.
- o. Frequent loud talking or irritability.
- p. Hand tremors, flushed face or other commonly recognized physical signs.
- q. Assignment failures.
- r. Deteriorating personal appearance.
- s. Altercations with fellow technicians or supervisors.
- t. A consistent pattern of increased or decreased levels of behavioral activity.
- u. Poor Judgement.
- v. Moodiness, depression or anxiety.

12-9. The Role of The Supervisor.

- a. Supervisors who note a drop-off in the work performance of a previously good technician should consider the possibility of a drinking problem or drug abuse if several indicators are present. The supervisor should, of course, keep in mind that no indicator or group of indicators is unique to alcoholism problem drinking, or drug abuse.
- b. The first-line supervisor is the logical point of emphasis in this program because he/she is in a position to observe his technician's attendance, sick leave, on-the-job attitudes, conduct, and performance of duties.
- c. Alcoholism is a unique illness in that those who have it seldom seek treatment for it. Programs for the rehabilitation of alcoholics usually achieve rehabilitation by creating a situation that forces the alcoholic to face up to his/her condition. Supervisors can expect pressure that will usually cause problem drinkers to choose the shelter of the Technician Assistance Program rather than face the alternative of disciplinary or adverse actions.
- d. A supervisor who tolerates, condones, or covers up poor performance by a problem drinker or drug abuser clearly contributes to the progression of the technician's illness by delaying his entry into a rehabilitative program, having the troubled technician cause damage to government property and equipment or cause bodily injury to fellow technicians or self. Supervisor's who knowingly cover up or condone problem drinkers, alcoholics or drug abusers to continue in government employment without taking actions will themselves face disciplinary or adverse actions.
- e. No exact formula or handling procedure can be prescribed for no two individual cases are exactly alike. However, the Counseling and Referral Chart (Annex A) in addition to the following outlines the normal and preferred procedure for supervisors to follow:
 - (1) Identify the problem drinker or drug abuser early, using the list of on-the-job indicators in paragraph 12-8 above, as a guide. An unofficial Performance Record (Annex B) may be used to document performance decline.

- (2) Contact the TAP Coordinator and discuss with him your reasons for suspecting that a problem exists.
- (3) If feasible and opportune, have an initial face-to-face talk with the individual, pointing out the evidence indicating the existence of the problem and suggesting (in writing using the Referral Form given in (Annex C) that the technician take advantage of the opportunity to avail themselves of the accommodations of the TAP, and/or to discuss the problem jointly or confidentially with the TAP Coordinator.
- (4) If the technician accepts treatment, he/she may have an occasional relapse or "slip". The suggested criterion here is whether he/she shows substantial improvement, as in the case of any other illness. If it is necessary for the technician to be away from work to obtain treatment under an approved course of rehabilitation, sick leave may be granted.
- (5) If the technician denies a drinking problem exists or refuses offer of assistance, take the disciplinary or adverse actions when necessary, that would be appropriate if he/she did not have a problem covered by the TAP. Further interviews based on work deficiencies should be held when warranted. In each succeeding interview, the supervisor must his/her belief that the excessive use of alcohol or continued drug abuse may be the cause of the technician's difficulties. The supervisor must firmly, but tactfully, reiterate the policy on problem drinking and drug abuse. Additional disciplinary actions should be taken just as in cases not involving alcohol or drug abuse problems, if warranted for specific instances of on-the-job misconduct or poor performance.
- (6) If any technician wishes assistance for an alcoholic problem, he may contact the TAP Coordinator directly. It is not necessary for the technician to make his illness known to the supervisor in order to gain necessary counseling and treatment.
- (7) When the technician who was handicapped by alcoholism or drugs returns to the job after treatment, the supervisor can do much to help restore the technician's self-confidence by encouraging him in his efforts, giving understanding without special "coddling", and giving him a pat on the back for good work. It is especially important, though that the supervisor be consistent in his treatment of all technicians. A consistent attitude toward all problem drinkers and drug abusers is just as important as in any other problem of supervision.
- (8) Technicians suffering from alcoholism (a diagnosis, which can only be made by a physician) may be eligible for disability retirement depending upon the circumstances in each individual case.
- (9) In relating the alcoholism and drug abuse program to disciplinary policies and practices, it is most important that the program be carried out as a non-disciplinary manner aimed at rehabilitation of persons who suffer from a health problem.

12-10. Confidentiality of Records, Files, and Reports. The confidential nature of medical and other records concerning a technician's alcohol or drug abuse problem will be preserved. Section 333 of P1 91-616 and Section 408 of PL 92-255 set forth the conditions under which such information may be released. All persons performing an alcohol or drug abuse prevention function are subject to these provisions and the stated penalties for violation. All persons designated or expected to perform such prevention functions must be thoroughly familiar with the statutory and regulatory confidentiality provisions. Any management official or supervisor of the Mississippi National Guard who is advised by a technician of his/her alcohol or drug problem should immediately refer the individual to the TAP Coordinator and adhere to the confidential requirements, which include protection of the individual's identity.

- a. Disclosure Without Consent: Whether or not the patient gives his/her written consent, the content of the record may be disclosed as follows:

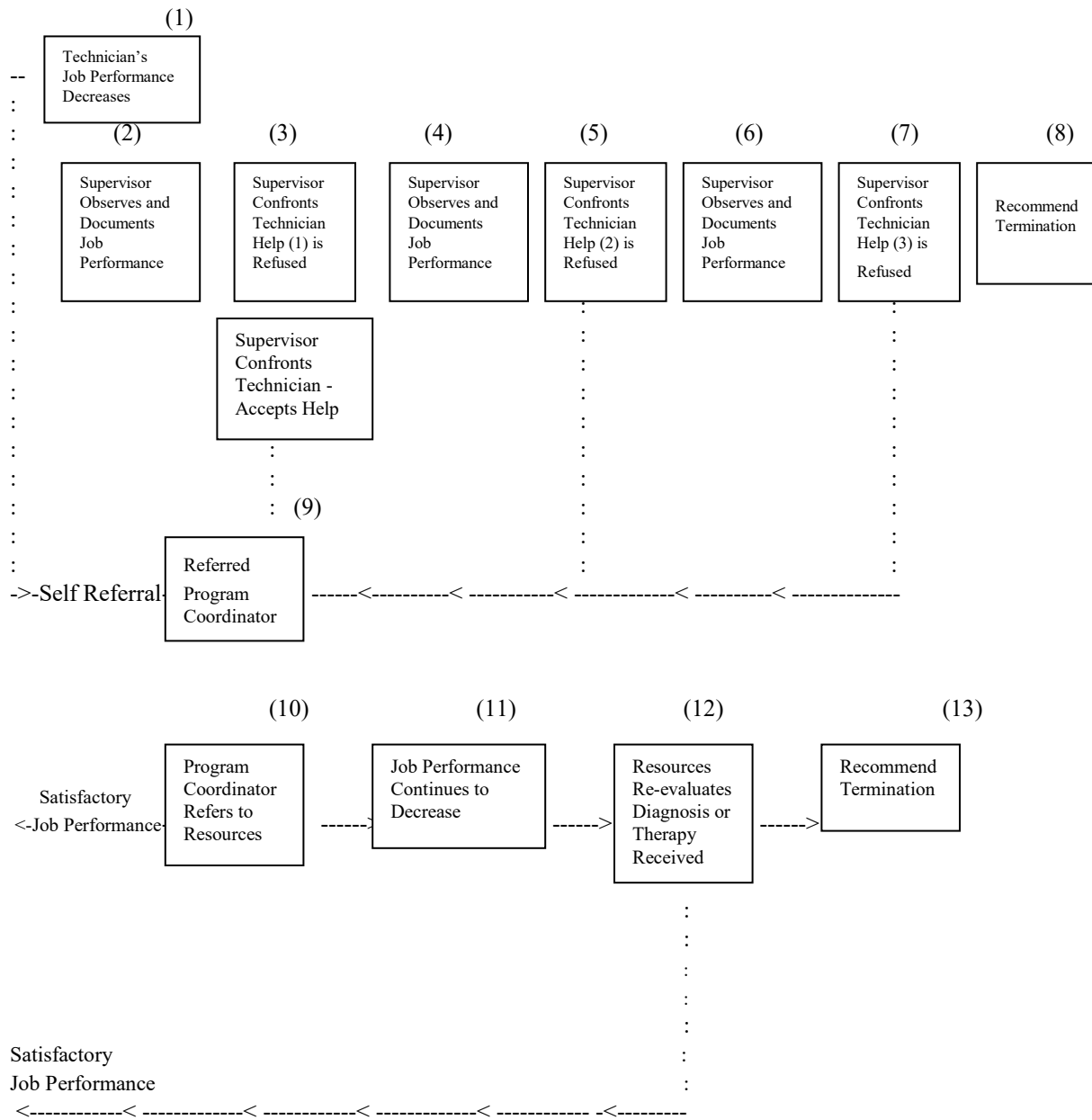
- (1) To Medical personnel to the extent necessary to meet a genuine medical emergency.
 - (2) To qualified personnel for the purpose of conducting scientific research, management audits, financial audits, or program evaluation, but such personnel may not identify, directly or indirectly, any individual patient in any report of such research, audit, or evaluation or otherwise disclose patient identities in any manner.
 - (3) When authorized by an appropriate order of a court of competent jurisdiction granted after application showing good cause.
- b. Disclosure With Consent: Consent to disclose patient information is subject to strict confidentiality regulations. Patient consent must be in writing. (See Annex D)

12-11. Relationship to Disciplinary Actions.

- a. The TAP supplements but does not replace existing procedures for dealing with problem technicians. Its premise is that one type of problem individual is the alcohol or drug abuse, and that with this particular kind of problem individual, a special situation exists. The drinking or drug abuse is either an illness or a symptom of an illness and, as with other types of illnesses, it must be our policy to try to assist the person to recover his usefulness as a technician.
- b. In practice, the alcohol or drug abuser should be dealt with a little differently from other problem technicians. The Supervisor identifies the aspects of duty performance that are not fully acceptable; consults with the TAP Coordinator concerning those cases that appear to be developing a trend; discusses aspects of below standard performance with the technician and advises him of availability of the counseling assistance of the TAP if the cause of poor performance stems from any personal problem. If the technician refuses to seek assistance or if there is no improvement or inadequate improvement in performance, or both, disciplinary actions should be taken, as warranted, solely on the basis of poor duty performance. Proper documentation and coordination with TAP Coordinator and appropriate Human Resources Office Personnel should be accomplished prior to this action.
- c. In relating the alcoholism and drug abuse program to disciplinary policies and practices it is most important that the program be carried out as a non-disciplinary procedure aimed at rehabilitation of persons who suffer from a health problem. There should be a clear understanding that shielding problem technicians by tolerating poor performance clearly contributes to the progression of the illness by delaying entry into a rehabilitative program. However, failure on the part of the technician to accept the assistance offered through the programs or to otherwise correct performance should be dealt with through disciplinary procedures.
- d. Regulations on documenting disciplinary actions specifically provide that patient information may be disclosed only as authorized and may not otherwise be divulged in any civil, criminal, administrative or legislative proceeding conducted by federal, state, or local authority. Thus, management may not require an alcohol or drug abuse prevention function (coordinating staff) to release patient information for use in a disciplinary situation. However, regulations permit the release of information in such proceedings with the patient's prior written consent when in the judgement of the Technician Assistance Program Coordinator the consent was voluntarily given, and the disclosure will not be harmful to the patient, the program, or their relationship. Thus, the patient may have pertinent information released in a disciplinary proceeding where these criteria are met. Conversely, management must presume that where technicians do not present such a disclosure in a disciplinary situation the criteria for release has not been met. In any cases disciplinary action should always be based on job performance or behavior problems not progress in a rehabilitative program.

12-12. Maintenance of TAP Records. Records on technicians who have been referred to the TAP Coordinator will be maintained in the strictest confidence and accorded the same security and accessibility restrictions provided for medical records. Records containing medical information and reports must be kept in a separate, locked cabinet in the office of the TAP Coordinator.

COUNSELING AND REFERRAL FLOW CHART



UNOFFICIAL PERFORMANCE RECORD

In order to confront an employee with performance decline you need facts.

The following is an example of an unofficial performance record. It should be used solely to document the extent of an employee's job deterioration for the purpose of a constructive confrontation interview, not for adverse action.

IDENTIFYING DATA
OBSERVATION PERIOD

I. ATTENDANCE

- | | <u>DATES/
TIMES/DAY OF WK ABSENT</u> | <u>TYPE OF
LEAVE</u> | <u>REASON
GIVEN</u> | <u>DOCUMENTED
BY</u> |
|----|---------------------------------------------------------------------------|--------------------------|-------------------------|--------------------------|
| a. | | | | |
| b. | On-the-job absenteeism (lateness/long breaks or lunches/early departures) | | | |

II. CONDUCT/APPEARANCE

Behavior towards superiors, fellow employees, and/or "customers".

Physical signs (Unexplained injuries/bruises, drowsiness/smell of alcohol/breath purifiers/perfume/shaving lotion/change in grooming habits, excessive health problems).

Coming or returning to work in an abnormal condition.

III. PERFORMANCE

Sporadic performance (sluggishness, spurts)/quality and quantity of work/mistakes/missed deadlines/accidents

Supervisors are also provided with NGB Form 904-1, Employee Record Card, by the HRO. The NGB Form 904-1 is the supervisor's single source of information concerning the employee's service history and other matters related to performance and conduct (Reference CPR 200, 295.7). The problem areas discovered should be documented by "memorandum for record" for attachment to NGB Form 904-1. Employees should always be provided a copy of such memorandums.

REFERRAL FORM

| | |
|----------------------------|-------------------------------------------------------|
| REFERENCE OR OFFICE SYMBOL | SUBJECT |
| | Supervisor's Request for a Civilian Service Interview |

| | | | |
|-------------|-----------------|------|-------|
| TO Employee | FROM Supervisor | DATE | CMT 1 |
|-------------|-----------------|------|-------|

1. On this date, I am offering you an opportunity to _____, the Technician Assistance Program Coordinator.

2. This request is made because of a marked deterioration in job performance/conduct. Specifically:

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.

3. I am making this request because I believe that you may be experiencing personal problems which are causing or affecting your job performance. If you are, the Technician Assistance Program Coordinator will assist you in finding help for these problems, if you so desire.

4. (Optional) I will defer disciplinary/adverse action until the interview is completed. If the interview results in your volunteering and being accepted into the treatment for alcohol or drug related problems, I will defer any such action until you have the opportunity to seek assistance and demonstrate satisfactory job performance or conduct. The exact duration of this deferment will be determined upon your enrollment.

| | |
|-----------------------------------------------------------------------------------------------|---------------|
| _____ Supervisor's Signature | _____ Date |
| _____ Employee's Signature (Signifies only that employee has read the statement.) | _____ Date |

TAP - CLIENT'S CONSENT STATEMENT FOR RELEASE OF TREATMENT INFORMATION
SECTION A - CONSENT

I _____, this _____ day of _____ 20 _____,
(client's full name)
do hereby voluntarily consent to the release of the following information by _____ pertaining to my
identity, diagnosis, prognosis, or treatment from any Army record maintained in connection with alcohol or
other drug abuse education, training, treatment, rehabilitation, or research to _____ for the purpose of
name of individual(s)

_____ namely, _____
(extent or nature of information to be disclosed)

SECTION B - EXPIRATION/REVOICATION
(Check applicable paragraph)

1. _____ I understand that this consent automatically expires when the above disclosure action has been taken
in reliance thereon and that, except to the extent that such action has been taken, I can revoke this consent at any
time.

-OR-

(For disclosure to civilian criminal justice officials)

2. _____ I understand that this consent automatically expires 60 days from today's date or when my present
criminal justice system status changes to _____

Further, I understand that if my release from confinement, probation, or parole is conditioned upon my
participation in the TAP, I cannot revoke this consent until there has been a formal and effective termination or
revocation of my release from such confinement probation, or parole.

SIGNATURE OF CLIENT

DATE