

RESTORATION PROCESS ACTION PLAN

Name:

Date executed:

Date incident is known to us:

Description of incident:

Restoration process action plan:

I have both read and agreed to the nature of the incident and the steps to be taken towards achieving restoration. (Initial _____)

I understand that the restoration process timeframe may be different for each person, based upon the nature of the offense and what's required in their personal action plan. However, based upon what's noted above in my personalized "action plan"; my process should take between _____ to complete. Upon completion, the terms of my reinstatement will be discussed.

Above Mentioned Name (Signature)

Date