Sa sc
OU TRANSTUT

X

 \mathbb{N}

acti

Request for Inclusion or Revision to an Administrative Directive **Connecticut Department of Correction** Administrative Directive Number: 10.1 Title: Inmate Assignment and Pay Plan I recommend the following inclusion or revision to the above referenced Administrative Directive (provide detailed explanation): To be consistent and based on the training and certification required to be gualified for the job assignment category of "Blood Spill Cleaner", it is recommended that the pay level be increased form Level 2 (\$1.25 per spill) to Level 3 (\$1.75 per spill). See attached documents ORIGINATOR Date: 07/11/2017 Title: FAM Name: Jay Tkacz Facility/Unit: Fiscal Services Signature: UNIT/DISTRICT/DIVISION RECOMMENDATIONS Approved Denied Unit Administrator's signature: Date: District Administrator's signature: Date: (only needed if originating from facility) Date Division Administrator's signature: **Reviewed** by: Office of Standards and Policy Staff signature Date: AR **COMMISSIONER'S DECISION APPROVED DENIED** This request is: Effective date of request: The language/provisions of this inclusion/revision shall be effective as of and Date: subsequently added to the Administrative Directive at the next update: Date: This inclusion/revision shall be added to the Administrative Directive prior to: This inclusion/revision shall be added immediately to the Administrative Directive. Commissioner's signature Date: 7/13/17 Lepelal