



Request for Inclusion or Revision to an  
Administrative Directive  
Connecticut Department of Correction

CN 1301  
REV 07/25/16

Administrative Directive Number: 2.13

Title: Employee Uniform, Personal Appearance and  
Identification

☒ I recommend the following inclusion or revision to the above referenced Administrative Directive (provide detailed explanation):

6. Work Attire for Uniformed Personnel. The Department shall provide uniforms to designated employees in accordance with Attachment A, Uniform Specification and Allotment. Uniform items which require dry cleaning shall be maintained by the Department through a designated vendor. A limit of three (3) pairs of uniform pants per week and one (1) Department issued winter coat per year shall be maintained by the Department. Uniforms shall only be worn as provided in this Directive. No portion of a uniform shall be worn with any other clothing not authorized herein. Uniforms shall not be worn while off duty except as necessary to travel to and from the employee's work site, fulfill family responsibilities, or while volunteering and officially representing the Department. The consumption of alcohol while in uniform is strictly prohibited.

(For those staff issued a Class A uniform) Class A uniforms may be worn at any Department function, ceremony or upon the direction of a custody supervisor or higher authority. The Class B uniform shall be worn at all other times while on duty. A Class A shirt shall have an authorized Department shoulder patch, nametag, badge and insignia of rank (if applicable).

- A. Uniform Appearance and Requirements. While in uniform, clothing shall be clean, neat and properly sized. Shirts shall be properly buttoned with the exception of the top button and shall be tucked in at all times (unless it is a department-issued maternity uniform shirt.). Footwear shall be properly laced and tied and have a clean, unscuffed and non-tattered appearance. Uniformed staff shall only wear uniform items issued by the Department.

☐ See attached documents

ORIGINATOR

Name: Danielle Borges

Title: Deputy Warden

Date: 8/8/17

Signature:

Facility/Unit: MYI

UNIT/DISTRICT/DIVISION RECOMMENDATIONS

Approved	Denied		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unit Administrator's signature:	Date: 8/10/17
<input checked="" type="checkbox"/>	<input type="checkbox"/>	District Administrator's signature: (only needed if originating from facility)	Date: 8/14/17
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Division Administrator's signature:	Date: 8/14/17
Reviewed by:		Office of Standards and Policy Staff signature:	Date: 8/14/17
<input checked="" type="checkbox"/>			

COMMISSIONER'S DECISION

This request is: ☒ APPROVED ☐ DENIED Effective date of request:

☐ The language/provisions of this inclusion/revision shall be effective as of and subsequently added to the Administrative Directive at the next update: Date: 8/15/17

☐ This inclusion/revision shall be added to the Administrative Directive prior to: Date:

☐ This inclusion/revision shall be added immediately to the Administrative Directive.

Commissioner's signature:

Date: 8/15/17