



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

CN 1301
REV 06/29/18

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 regarding reason for change):

The following revision is suggested regarding Administrative Directive, 10.1 Inmate Assignment and Pay Plan. The revision below is recommended to create consistency and proper documentation during an evaluation or removal of a job assignment.

Inmate Performance Evaluation. An inmate shall receive a written performance evaluation, utilizing CN 100101, Inmate Performance Evaluation Form after 30 days in a new or promotional assignment and at least semi-annually thereafter and at such other times as deemed appropriate. A copy of this evaluation shall be placed in the inmate's institutional file. An overall poor evaluation ~~shall result in a counseling session with the inmate and~~ may result in a referral to the classification committee for possible dismissal or reassignment. The inmate shall receive a copy of each written evaluation.

☐ See attached documents

ORIGINATOR

Name: Anthony Landolina

Title: CS

Date: 7/1/20

Signature: 

Facility/Unit: OSP

OFFICE OF STANDARDS AND POLICY REVIEW:

Reviewed by:



Office of Standards and Policy Staff signature: 

Date: 7/1/20

UNIT/DISTRICT/DIVISION RECOMMENDATIONS:

Approved

Denied



Unit Administrator's signature:

Date:



District Administrator's signature:
(only needed if originating from facility)

Date:



Division Administrator's signature: 

Date: 7-8-2020

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:



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: 7-9-2020