



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):

Upon reviewing Administrative Directive 10.1, Inmate Assignment and Pay Plan, it is determined that section 4(B), Organization and Development of all Inmate Work" Annual Pay Plan, requires the following revisions to reflect current practice:

Annual Pay Plan. ~~Prior to~~ By June 1st of each year, the Director of Fiscal Services or designee shall forward a copy of the currently approved Annual Pay Plan to each Unit Administrator ~~shall develop an Annual Pay Plan~~ for all non-industries work, education and Tier IV program assignments within the facility for their review, modification and approval. ~~This plan shall be submitted to the Deputy Commissioner of Operations and Rehabilitative Services in consultation with the Deputy Commissioner of Administration for approval.~~ Each Unit Administrator shall work with Fiscal Services to finalize the Annual Pay Plan for their facility and provide Fiscal Services with their signature approval on or before June 25th. Each Unit Administrator shall work with Fiscal Services to modify their Pay Plan throughout the course of the Fiscal Year as necessary and appropriate. At no time shall the Pay Plans exceed the amount budgeted without the express approval of the Deputy Commissioner of Administration. In the event that a new Pay Plan may need to be established, Fiscal Services will provide the pertinent Unit Administrator with a Pay Plan templet and completion instructions. Upon completion of the new Pay Plan, the Unit Administrator shall submit the Pay Plan to Fiscal Services for review and transmittal of the new Pay Plan to the Deputy Commissioner of Administration for approval. Each pay plan shall conform to the skill/pay levels and rates established in Attachment A, Inmate Pay Plan Matrix and identify the projected assignments required by...

☐ See attached documents

ORIGINATOR

Name: Michael Regan

Title: Director

Date: 7/11/19

Signature:

Facility/Unit: Fiscal Services

OFFICE OF STANDARDS AND POLICY REVIEW:

Reviewed by:

☒

Office of Standards and Policy Staff signature:

Date: 7/11/19

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: 7/23/19

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: 7/29/19

☐

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: 7/24/19