



# Request for Inclusion or Revision to an Administrative Directive

**Connecticut Department of Correction**

CN 1301  
REV 02/06/15

Administrative Directive Number: **3.7** | Title: **Inmate Monies**

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

Administrative Directive 3.7; Inmate Monies – Attachment D- Special Request Form has been modified to accurately reflect the current practices utilized by the Fiscal Services Unit (**See Attached Document**).

See attached documents

### ORIGINATOR

Name: [Redacted] | Title: [Redacted] | Date: 4/28/15

Signature: [Redacted] | Facility/Unit: [Redacted]

### UNIT/DISTRICT/DIVISION RECOMMENDATIONS

Approved	Denied	Signature	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unit Administrator's signature: Michelle C. Schott, Director of Fiscal Service <i>W.A. For MCS</i>	Date: 4/28/15
<input type="checkbox"/>	<input type="checkbox"/>	District Administrator's signature: (only needed if originating from facility)	Date:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Division Administrator's signature: Cheryl L. Cepelak, Deputy Commissioner <i>Cheryl L. Cepelak</i>	Date: 4/29/15

### COMMISSIONER'S DECISION

This request is:  **APPROVED**     **DENIED**    Effective date of request: \_\_\_\_\_

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

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: *Scott Semple*  
**Scott Semple, Commissioner** | Date: 5/6/15