



# Application for Risk Reduction Earned Credit Lump Sum

Connecticut Department of Correction

CN42A02  
Rev 2/01/18

Inmate Name:	Inmate Number:	Facility:
Date Inmate Request Received:	Timeframe for Review:	to
Date of Sentence:	Sentence:	Maximum Release Date:
Current Offense:	VTP date:	

Date of last RREC Lump Sum received:

#### Advisement:

- Inmates applying for the lump sum credit must meet all requirements identified below to be reviewed.
- Inmates shall not be eligible for the lump sum credit if they are not serving a full mandatory sentence or serving a RREC ineligible offense.
- Inmates shall be in compliance with all provisions associated with Administrative Directive 4.2A, Risk Reduction Earned Credit.
- This Lump Sum Credit review shall only apply to the previous sentenced 24 months identified above.
- If denied, you may appeal this decision by submitting a copy of this form along with an CN 9601, Inmate Request Form to the Commissioner of the Department of Correction.

#### Eligibility Criteria:

Active program participation or completion; including job, education, or vocational programming

<input type="checkbox"/> Program/Job Name:	Completion Date:	<input type="checkbox"/> Documentation Attached
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<input type="checkbox"/> Program/Job Name:	Completion Date:	<input type="checkbox"/> Documentation Attached
<input type="checkbox"/> Discipline free for 24 months; within the above noted timeframe		
<input type="checkbox"/> Date/Offense of Last Disciplinary Report during the above timeframe:		
<input type="checkbox"/> No return from discretionary release within 24 months of application; during the above noted timeframe		
<input type="checkbox"/> No negative performance evaluations (CN 100101) for 24 months; within the above noted timeframe		
<input type="checkbox"/> No Restrictive Status placement within 48 months (A/S, C/D, S/N, SRG)		
<input type="checkbox"/> No RREC lump sum award granted during the previous 24 months; within the above noted timeframe		

Originator (Print):	Initial:	Title:	Date:
CCS/Unit Manager (Print):	Initial:	Date:	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Unit Administrator (Print):	Initial:	Date:	Approved <input type="checkbox"/> Denied <input type="checkbox"/>

#### Record Specialist Action ONLY

<input type="checkbox"/> Docket #	Number of days awarded:
<input type="checkbox"/> Docket #	Number of days awarded:
<input type="checkbox"/> Docket #	Number of days awarded:
<input type="checkbox"/> Docket #	Number of days awarded:
<input type="checkbox"/> Docket #	Number of days awarded:
Processing Record Specialist (Print):	Title:
Signature:	Date processed:

CC: Inmate, Section 3 of the Inmate Master File	Inmate Signature confirming receipt of processed document:
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# Request for Inclusion or Revision to an Administrative Directive Connecticut Department of Correction

CN 1301  
REV 07/25/16

Administrative Directive Number: 4.2a

Title: Risk Reduction Earned Credit (RREC)

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

See attached documents

Remove: Form 4.2a-02 – Application for RREC Lump Sum dated 2/1/2016

Add: Form 4.2a-02 – Application for RREC Lump Sum dated 2/1/2018.

See attached documents

## ORIGINATOR

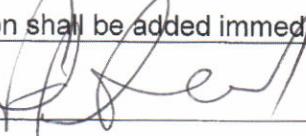
Name: [REDACTED] Title: [REDACTED] Date: 1/9/2018

Signature: [REDACTED] Facility/Unit: [REDACTED]

## UNIT/DISTRICT/DIVISION RECOMMENDATIONS

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

## COMMISSIONER'S DECISION

This request is:	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Effective date of request:
<input type="checkbox"/> The language/provisions of this inclusion/revision shall be effective as of and subsequently added to the Administrative Directive at the next update:			Date:
<input type="checkbox"/> This inclusion/revision shall be added to the Administrative Directive prior to:			Date:
<input type="checkbox"/> This inclusion/revision shall be added immediately to the Administrative Directive.			
Commissioner's signature: 			Date: 1/17/18