



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



**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



Unit Administrator's signature:

[Signature]

Date: 01/09/18



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

Date:



Division Administrator's signature:

[Signature]

Date: 1/17/18

Reviewed by:



Office of Standards and Policy Staff signature:

[Signature]

Date: 1/18/18

COMMISSIONER'S DECISION

This request is:

☒ **APPROVED**

☐ **DENIED**

Effective date of request:

2/1/18



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:

[Signature]

Date: 1/17/18