



ADMINISTRATIVE REGULATIONS

STATE OF ARKANSAS

BOARD OF CORRECTIONS

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1200	1 of 7
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SUBJECT: Work/Study Release Program

I. AUTHORITY:

The Board of Correction is vested with the authority to promulgate this Administrative Regulation by Act 50 of 1968, First Extraordinary Session, as amended.

II. PURPOSE:

This Administrative Regulation establishes the policy by which the Arkansas Department of Correction institutes the Work/Study Release Program.

III. APPLICABILITY:

This Administrative Regulation applies to all employees and inmates within the Department of Correction.

IV. POLICY:

To allow the orderly reintegration of selected inmates from a prison environment back into communities through participation in a Community or Unit/Center Work/Study Release Program. Only inmates who meet the eligibility criteria for Work/Study Release may be considered for placement in a Work/Study Release Program.

V. PROCEDURES:

The Department has been authorized to establish Work/Study Release Programs pursuant to Arkansas Code Ann. §§ 12-30-401 through 407., ~~403, 405-408.~~ In accordance with the

Legislative mandate, the following procedures have been established for the selection of eligible inmates to be assigned to the Program.

A. Non-eligibility for Work/Study Release Program:

1. An inmate ~~Persons~~ convicted of a capital offense, first degree murder, rape, kidnapping, or who have been convicted for a second or subsequent offense of aggravated robbery, or who ~~is are~~ serving a life sentence, or who ~~is are~~ under

sentence to be executed, ~~is are~~ not eligible to participate in this program. (Act 399 of 1979).

2. ~~An inmate~~ having an undisposed felony detainer, except a notification only detainer, filed against him/her ~~is not will be in~~eligible to participate in a Work/Study Release Program.
3. ~~An inmate~~ convicted of any sex offense who has not completed sex offender treatment within the Department is -will not be eligible for Work/Study Release.
4. ~~An inmate~~ convicted of a felony escape ~~is are~~ not eligible for Work/Study Release.

B. Eligibility for Work/Study Release Program:

1. The inmate must be eligible for minimum security status.
2. ~~The An~~ inmate must have a parole eligibility release date ~~within forty~~within forty two months of the date Work/Study Release Program eligibility is determined. or shorter as determined by the Director.
3. ~~The An~~ inmate should have had no major disciplinary infractions for a period of not less than three months immediately prior to application. The Warden/Center Supervisor, however, may approve an inmate for selection and possible transfer to the Work/Study Release Program where he/she deems it ~~particularly~~ appropriate. In such a case, the ninety days minimum requirement may be waived, and written approval of the appropriate Assistant /Deputy Director must be obtained before an inmate may be transferred to a Work/Study Release Program.
4. ~~The An-eligible~~ inmate must exhibit a current medical classification commensurate with expected work assignment. This classification will be reviewed by the transferring unit/center medical authority prior to final approval for Work/Study Release eligibility. The Warden/Center Supervisor shall ensure that the medical authority is made knowledgeable of the type of work program the inmate is to participate in for any applicable medical related considerations. No inmate will be allowed to participate in a Work/Study Release Program if such participation requires physical capabilities beyond that which could have been routinely assigned at a unit/center.
5. ~~If the inmate applies for a Inmates engaged in the~~ Study Release Program, that inmate must have sufficient time remaining on his/her sentence to complete at least one semester of study, ~~or satisfactory proof be furnished to the Department that he/she will complete the semester work.~~
6. Priority will be given to inmates returning to the geographical region served by a Work/Study Release Unit/Center.

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C. Application Process:

1. Eligible inmates ~~may are to~~ submit a "Work/Study Release Application" form to the Classification Officer and/or Work Release Warden/Center Supervisor (see Attachment I). If the applicant meets the criteria for eligibility, the Classification ~~Committee Officer~~ will consider the application and forward its recommendation to the Warden/Center Supervisor. The decision of the Classification Committee must be unanimous before a favorable recommendation is forwarded to the Warden/Center Supervisor.
2. Applicants who do not meet the eligibility criteria will be informed in writing by the Classification Officer ~~and/or~~ Work Release Warden/Center Supervisor, and a copy will be placed in the inmate's institutional file.
3. No application for a Work/Study Program will be favorably recommended by the Classification Committee unless the Committee is satisfied that the inmate meets all requirements of eligibility and that the inmate:
 - a. Does not have an abnormal or uncontrollable propensity for violence;
 - b. Does not constitute a security risk;
 - c. Is capable of abiding by the terms and conditions of the program.
4. Each inmate favorably recommended for transfer to a Work/Study Release Program will receive a medical, mental health, and work supervisor's evaluation that will be forwarded to the Unit Classification Committee for consideration prior to final approval.
5. Work/Release Wardens/Supervisors will have final approval of all Work/Study Release Program applicants.

D. Rules of the Work/Study Release Program:

1. Inmates participating in the Work/Study Release Program shall not:
 - a. Leave the State of Arkansas for any purpose or under any circumstances.
 - b. Leave the county to which he/she ~~was is~~ assigned without the written consent of the Warden/Center Supervisor of the facility where the inmate is assigned.

- c. Possess or consume alcoholic beverages or drugs not specifically prescribed for him/her by a licensed physician.
 - d. Visit any place of business where alcoholic beverages are the primary ~~major~~ items sold or consumed, except under supervision as part of the overall program (examples: ball game, fair wrestling match, or sports activity).
 - e. Violate any Federal, State, County or Municipal laws.
 - f. Operate any motor vehicle without written consent of the Warden/Center Supervisor of the facility to which the inmate is assigned. In such a case, the inmate must be properly licensed and liability insurance documented before ~~consideration and~~ approval is given.
- 2. Transportation to and from work will be provided by the Department of Correction or by the employer upon written approval of the Work Release/Center Supervisor.
 - 3. Inmates selected to participate in Work/Study Release must will agree to participate in self-improvement programs at the Work Release Center, Basic Education, GED, etc.
 - 4. The inmates must shall obey all Department of Correction rules and regulations.
 - 5. Inmates participating in the Work/Study Release Program will be required to sign an Agreement to Return Form.

E. Employment and Earnings of Inmates:

- 1. If a Work/Study Release inmate is terminated from his employment through no fault of his/her own, officials of the Work/Study Release Program will immediately assign the inmate to an institutional job. During this period of reassignment, which shall be no longer than fifteen consecutive days (excluding holidays), every effort will be made by the Department of Correction and the inmate to regain employment. If, at the end of this fifteen days reassignment period, employment has not been found, the supervisor of the Work/Study Release Program may administratively transfer this individual to an existing job assignment at the unit/center or transfer him/her back to the parent unit/center.
- 2. If an inmate is terminated for just ~~just~~ cause, he/she will be dropped from the program and transferred back to his/her parent unit/center.
- 3. If an inmate wishes to terminate his/her employment, he/she may do so after obtaining approval of the Work/Study Release Warden/Center Supervisor who ensures the employer is notified.

4. The inmate may be awarded a program change when the supervisor determines ~~feels~~ it is in the best interest of the inmate, the Department of Correction, and ~~or~~ his/her employer.
 5. Earnings by the inmate shall be paid by check, or by electronic transfer, directly to the Department in the name of the ~~and to~~ ~~the~~ inmate.
 6. The Department shall retain an amount to be established by the Director which will be used to compensate the Department for the cost of maintaining Work/Study Release inmates.
 7. If the inmate has persons dependent upon him/her for support, the inmate shall be required to remit to such persons a minimum of one-third of his/her net income or that amount which may be required by court order. Net income is defined as income after taxes and compensation to the Department ~~ADC rent~~. If the inmate does not have any dependents, the one-third minimum shall should be deposited into -go into a savings account maintained for the benefit of the inmate.
 8. The inmate will normally be allowed to spend up to an amount equal to the approved weekly commissary draw.
 9. The remaining balance of the inmate's ~~his/her~~ earnings will be deposited to the inmate's ADC account. Any disbursements out of this account must be approved by the Warden/Center Supervisor.
 10. All fund balances of an inmate's ADC account and savings account will be released to the inmate upon parole or termination of sentence.
 11. The inmate may request to draw from the inmate's ADC account amounts necessary to provide his/her own clothing and items needed for work, at his/her expense.
- F. Medical Service:
1. The Department of Correction will not be liable for medical services for those Work/Study Release inmates on Furlough Status (AR 1200-A).
 2. Medical service charges not covered by Workman's Compensation or other forms of insurance will be handled by the Department through its medical services program.
 3. In the event medical treatment is required at work, the Warden/Center Supervisor and/or work supervisor is/are to be notified immediately by the inmate. Appropriate medical response measures will be initiated following notification.

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4. An inmate who procures medical treatment while engaged in a working capacity, without consulting or advising Department staff, will be responsible for such incurred costs. Disciplinary action will follow and may result in program expulsion.

G. Legal Services:

Inmates in need of legal services may contact the Inmate Attorney assigned to the unit/center or may obtain legal services through [a request to draw from](#) those monies earned on Work/Study Release. The inmate may be transferred to a unit/center where a complete law library is available.

ARKANSAS DEPARTMENT OF CORRECTION
APPLICATION FOR WORK/STUDY RELEASE PROGRAM

NAME: _____ ADC # _____ DATE: _____
Last First Middle

AGE: _____ DATE OF BIRTH: _____ DATE CONFINED-ADC: _____

PRESENT JOB ASSIGNMENT: _____ CLASS: _____

OF DEPENDENTS: _____ SSN: _____ P.E. DATE: _____

CITY/TOWN CRIME COMMITTED: _____ COUNTY: _____

COUNTY & STATE OF LAST RESIDENCE: _____ HOW LONG? _____

COMMUNITY WORK EXPERIENCE:

Company: 1. _____ 2. _____ 3. _____

Position: _____

How Long: _____

To what location do you plan to parole? _____

Spouse's Address: _____ Work Address: _____

Parent's Address: _____

Signature of Applicant

Eligible: _____ Not Eligible: _____ Reason: _____

Reconsider 30 – 90 days: _____

Medical Classification: _____

Unit Treatment Coordinator Signature

RECOMMENDATION FROM:

WORK SUPERVISOR YES _____ NO _____ REMARKS: _____

ARKANSAS DEPARTMENT OF CORRECTION
APPLICATION FOR WORK/STUDY RELEASE PROGRAM CON'T

MENTAL HEALTH YES _____ NO _____ REMARKS: _____

SCHOOL SUPERVISOR YES _____ NO _____ REMARKS: _____

CLASSIFICATION YES _____ NO _____ REMARKS: _____

MEDICAL SUPERVISOR YES _____ NO _____ REMARKS: _____

Warden/Supervisor,
Sending Unit/Center

Date

_____ Approval
_____ Disapproval
Reasons: _____

Warden/Supervisor
Receiving Unit/Center

Date

_____ Approval
_____ Disapproval
Reasons: _____

Classification Administrator Date

_____ Approval
_____ Disapproval
Reasons: _____
