

Request for Inclusion or Revision to an Administrative Directive

Connecticut Department of Correction

CN 1301 REV 11/15/10

Administra	ative Direc	tive Number:	11.5	Title:	Time O	ut Program		
	mmend the xplanation	_	ion or re	vision to t	he abov	ve referenced Admini	strative	Directive (provide
	ns A.1.a P be include		tions an	d B.1.a P	arole C	Officer Actions, I rec	ommen	nd that the following
Notice and Program a so within	d Hearing as soon as 48 hours,	are faxed or oth possible after th the parole office	erwise ti e offend er shall e	ransmitted ler's admis nsure thai	to the sion to an em	correctional counseld the correctional centural to the correctional century	or assig ter. If i rection	and signed Waiver of gned to the Time Out it is not feasible to do al counselor assigned e Time Out Program.
See attached documents								
ORIGINATOR								
Name:					Title:		20	Date: 12.18.2012
Signature				a	re .	Facility/Unit:	·	# # # # # # # # # # # # # # # # # # #
UNIT/DISTRICT/DIVISION RECOMMENDATIONS								
Approved	Denied				•			
		Unit Administra	tor's sigi	nature:				Date:
		District Administration (only needed if original)						Date:
V		Division Admin	istrator's	signature	X	Man	8 -	Date: 12/24/12
		-	CON	MISSION	ER'S DE	CISION	^ -	SAON PLS
This requ	est is:	Ճ APPROVED		DENIED	Effec	ctive date of request:	, ,-	utcable
The language/provisions of this inclusion/revision shall be effective as of: 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:								12/27/12
		1100	4	0010	//			1 /