



Arkansas Parole Board
Two Union National Plaza Building
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ADMINISTRATIVE DIRECTIVE: 19-01 Concealed Handguns

TO: ARKANSAS PAROLE BOARD MEMBERS AND STAFF

FROM: JOHN FELTS, BOARD CHAIRMAN

SUPERSEDES: NONE

APPROVED: SIGNATURE ON FILE EFFECTIVE DATE: 03/29/19

- I. APPLICABILITY.** This policy applies to Arkansas Parole Board (“APB,” “the Board,” or “agency”) members and staff. The Chair of the Board is responsible for the enforcement of this administrative directive.
- II. POLICY.** It is APB policy to provide for the safety of its members, staff, and of the general public.
- III. CARRYING OF A CONCEALED HANDGUN.**
 - A.** Pursuant to A.C.A. § 5-73-323, an individual employed in any of the following capacities by the Board may carry a concealed handgun into a building in which or a location on which a law enforcement officer may carry a handgun provided the individual is on official business and possesses a current concealed carry permit issued by the Arkansas State Police:
 - 1.** Member of the Parole Board;
 - 2.** Parole Revocation Judge; or
 - 3.** Board Investigator.
 - B.** A concealed handgun must be covered from observation so as to prevent public view and shall not be carried openly or in any other manner in which the handgun is visible to ordinary observation by a reasonable person.

- C.** The Chairman shall have the option to designate an agency Safety Officer. The individual selected must be employed in one of the three capacities detailed above. The Safety Officer has the option to carry a visible firearm. When carrying a visible firearm, the Safety Officer must also ensure his/her badge and photo identification card are visible.
 - D.** When approved, an authorized individual shall have the right to carry a personal handgun or a handgun provided by the agency. Individuals who carry a personal handgun must provide the make, model, and serial number of any personal handgun carried while on official business.
 - E.** An authorized individual who chooses to carry a concealed handgun:

 - a.** Provide a current copy of his/her concealed carry permit to the Fiscal/HR Section and ensure all paperwork remains current by providing updated documentation to supplement existing paperwork as needed;
 - b.** Ensure the security of a handgun in his/her possession through the use of trigger locking devices, lockboxes, or employing any other precautions deemed appropriate when necessary;
 - c.** Have in his/her possession a badge and a photographic identification card reflecting his/her name and position title; and
 - d.** Successfully complete any additional training courses as directed by the Chairman.
 - F.** The Business Operations Manager shall ensure that any permit and personal handgun information provided is current and correct. A copy of this information shall be placed in the individual's personnel file. Verification of annual qualification must also be retained in an employee's personnel file by the Fiscal/HR Section.
 - G.** The employee is responsible for providing updated information as necessary. Failure to provide adequate and up-to-date information may result in revocation of approval to carry a concealed handgun while on official business.
 - H.** As the Chief Executive Officer of the Board, the Chair of the Board may at any time revoke an individual's approval to carry a concealed handgun while on official business.
- V. FORMS.**
- Attachment 1: Employee Acknowledgement

Attachment 1

Employee Acknowledgement of Concealed Handguns Policy

Please acknowledge by signing that you have received, read, and understand the Arkansas Parole Board Administrative Directive:

19-01 Concealed Handguns

It is your responsibility to read the Concealed Handguns policy thoroughly and ask questions of your supervisor if you don't understand any portion of the policy. All employees or officials of the Arkansas Parole Board are responsible for complying with all pertinent policies, directives, and memorandum.

This form must be signed and returned to the Business Operations Manager who will place a signed copy in your personnel file.

_____ Employee Printed Name	_____ Employee Signature	_____ Date
_____ Supervisor Printed Name	_____ Supervisor Signature	_____ Date