



ADMINISTRATIVE RULE  
STATE OF ARKANSAS  
BOARD OF CORRECTIONS

Section Number:

1200

Page Number:

1 of ~~75~~

Board Approval Date:

~~08/12/10~~TBD

Supersedes:

1200 ~~Emergency~~

~~01/24/91~~08/22/2010

Dated:

Reference:

~~A.C.A. §12-30-401 et seq.~~

Effective Date:

~~TBD~~08/22/10

SUBJECT: Work/Study Release Program

I. **AUTHORITY:**

The Board of Correction (the Board) is vested with the authority to promulgate this Administrative Rule by Act 50 of 1968, First Extraordinary Session, as amended A.C.A. § 12-30-403 subject to the continuing review of the Governor who shall have the authority to rescind this rule.

II. **PURPOSE:**

This Administrative Rule establishes the policy by which the Arkansas Department of ~~Correction~~ Corrections – Division of Correction (the Division) institutes the Work/Study Release Program (the Program).

III. **APPLICABILITY:**

This Administrative Rule applies to all employees and inmates within the ~~Department of~~ CorrectionDivision.

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. The Director of the Division is authorized to establish further policies necessary for the operation of a Work/Study Release Program.

V. **PROCEDURES:**

~~The Department has been authorized to establish Work/Study Release Programs pursuant~~ Pursuant to ~~Arkansas Codes 12-30-401, 403, 405-408~~ statutory authority. ~~In accordance with the~~ Legislative mandate, the following procedures ~~have been~~ are established for the selection of eligible inmates to be assigned to the Program.

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

1. ~~Persons~~ An inmate convicted of a capital offense, first degree murder, rape, kidnapping, or who ~~have~~ has been convicted for a second or subsequent offense of aggravated robbery, or who ~~are~~ is serving a life sentence, or who ~~are~~ is under sentence to be executed, ~~are~~ is not eligible to participate in this program. (~~Act 399 of 1979~~).
2. ~~Inmates~~ An inmate having an undisposed felony detainer filed against him/her, ~~except a notification only detainer, will be ineligible~~ is not eligible to participate in a ~~Work/Study Release~~ this Program.
3. ~~Inmates~~ An inmate convicted of any sex offense ~~will~~ is not ~~be~~ eligible for Work/Study Release.
4. ~~Inmates~~ An inmate convicted of a felony escape ~~are~~ is not eligible for Work/Study Release.

B. Eligibility for Work/Study Release Program:

1. The inmate must be eligible for minimum security status.
2. ~~An~~ The inmate must have a parole eligibility release date within ~~forty two~~ forty-eight (48) months ~~or shorter as determined by the Director of the date in which program eligibility is determined.~~
3. An inmate should have had no major disciplinary infractions for a period of not less than ~~ninety (90) days~~ 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 appropriate. In such a case, the ninety days minimum requirement may be waived, and written approval of the appropriate Deputy Director must be obtained before an inmate may be transferred to a Work/Study Release Program~~ waive this requirement and approve an inmate with disciplinary infractions within this window for selection and possible transfer to the Work/Study Release Program. The Director or designee must approve the waiver in writing prior to the inmate being transferred to the Work/Study Release Program.
4. ~~An~~ The eligible inmate must exhibit a current medical classification commensurate with the 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 allowed 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. ~~Inmates engaged in the~~ If the inmate applies for a Study Release Program, that inmate must have sufficient time remaining on his/her sentence to complete one semester of study ~~or satisfactory proof be furnished to the Department that he/she will complete the semester work.~~
6. Priority for placement will be given to inmates returning to the geographical region served by a Work/Study Release Unit/Center.

C. Application Process:

1. Eligible inmates are to submit a "Work/Study Release Application" form developed by the Division to the Classification Officer and/or Work Release Warden/Center Supervisor ~~(see Attachment I)~~. If the applicant meets the criteria for eligibility, the Classification ~~Officer~~ Committee 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 or Work/Study 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 a history of violence which would pose a risk to the community;
  - b. Does not constitute a security risk; and
  - 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 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~~ or illegal drugs.
- d. Visit any place of business where alcoholic beverages or marijuana are the major item sold or consumed, ~~except under supervision as part of the overall program~~ (example: ball game, 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 Division of Correction~~ or by the employer upon written approval of the Work Release/Center Supervisor.
3. Inmates selected to participate in Work/Study Release will agree to participate in self-improvement programs at the Work Release Center, Basic Education, GED, etc.
4. The inmates ~~shall~~ must obey all ~~Department Division of Correction rules and regulations~~ policies.
5. Inmates participating in the Work/Study Release Program will be required to sign an Agreement to Return Form developed by the Division.

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 Center~~ will immediately assign the inmate to an institutional job. During this period of reassignment, which shall be no longer than fifteen (15) consecutive days (excluding holidays and weekends), every effort will be made by the ~~Department Division of Correction~~ and the inmate to regain employment. If, at the end of ~~this fifteen day~~ the 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 cause, he/she will be dropped from the ~~program~~ 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~~ will ensure the employer is notified.
4. The inmate may be awarded a program change when the supervisor ~~feels~~ it is in the best interest of the inmate, the ~~Department~~ Division of Correction, or his/her employer.
5. Earnings by the inmate shall be paid by check or electronic transfer directly to the ~~Department~~ Division ~~in the name of~~ and to the inmate.
6. The ~~Department~~ Division shall retain an amount to be established by the Director, upon review and approval of the Secretary and the Board, which will be used to compensate the ~~Department~~ Division for the cost of maintaining Work/Study Release ~~inmates~~ Programs.
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 ~~ADC rent~~ compensation to the Division. If the inmate does not have any dependents, the one-third ~~should~~ shall be deposited into a savings account maintained for the benefit of the inmate upon release.
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 his/her earnings will be deposited to the inmate's ~~ADC~~ trust account. Any disbursements ~~out from of~~ this account must be approved by the Warden/Center Supervisor.
10. All fund balances of an inmate's account will be released to the inmate upon parole or ~~termination~~ discharge of sentence.
11. The inmate may request to draw from the inmate's trust account amounts necessary to provide his/her own clothing and items needed for work ~~at his/her~~ expense.

F. Medical Service:

1. The ~~Department~~ Division 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~~Division 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, or the employer if the inmate is unable to provide notice. Appropriate medical response measures will be initiated following notification.
4. An inmate who procures medical treatment while engaged in a working capacity, without consulting or advising ~~Department~~Division staff, will be responsible for such incurred costs. Disciplinary action ~~will~~may follow, to include and may result in program expulsion.

G. Legal Services:

~~Inmates~~An inmate in need of legal services while assigned to a Work/Study Release Program may contact the Inmate Attorney assigned to the ~~unit/center~~Board's Compliance Division 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

\_\_\_\_\_  
\_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

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 CONT

MENTAL HEALTH \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ REMARKS: \_\_\_\_\_

SCHOOL SUPERVISOR \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ REMARKS: \_\_\_\_\_

CLASSIFICATION \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ REMARKS: \_\_\_\_\_

MEDICAL SUPERVISOR \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ REMARKS: \_\_\_\_\_

Warden/Supervisor, \_\_\_\_\_ Date \_\_\_\_\_ Warden/Supervisor \_\_\_\_\_  
\_\_\_\_\_ Date

Sending Unit/Center \_\_\_\_\_ Receiving Unit/Center

\_\_\_\_\_ Approval \_\_\_\_\_ Approval  
\_\_\_\_\_ Disapproval \_\_\_\_\_ Disapproval



~~Reasons:~~ \_\_\_\_\_ ~~Reasons:~~ \_\_\_\_\_  
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~~Classification Administrator~~ \_\_\_\_\_ ~~Date~~

\_\_\_\_\_  
\_\_\_\_\_  
~~Approval~~  
~~Disapproval~~

~~Reasons:~~ \_\_\_\_\_  
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~~AR 1200 Work /Study Release Program~~