

MODIFICATIONS TO TEXT AS ORIGINALLY PROPOSED

Amendments to the original proposed text noticed to the public are indicated by double underline for added text and double ~~striketrough~~ for deleted text. The single underline and single strikethrough formatting from the original proposed text noticed to the public have been retained.

Title 15, California Code of Regulations Section 8004.2, is amended to read:

§ 8004.2. Recruitment and Appointment Process

(a) The CALPIA Prison Industries Administrator/Lead Manager at each facility shall be responsible for coordinating the recruitment of inmates with the institution/facility's correctional counseling staff or the classification services staff.

(b) Inmates shall obtain and complete the Worker Application and Intake IEP-F002/IEP-F003, 12/24/2015 Rev. H Form, which is incorporated by reference, to apply for a CALPIA work/training position. This form is made available by CALPIA staff to the inmate population throughout institutions with CALPIA enterprises.

(c) Inmates shall submit completed forms referenced in subsection (b) to the correctional counselor staff at the inmate's institution to begin initial screening process.

(d) The Prison Industries Administrator/Lead Manager shall, in coordination with the correctional counselor staff, conduct a central file review, ensuring eligibility standards and requirements, in sections 8004 and 8004.1 are met.

(e) Upon confirmation of program eligibility, inmates who have applied for a CALPIA position and have been placed into CALPIA's Inmate Candidate Pool (ICP) may be assigned to an appropriate work program in accordance with California Code of Regulations (CCR), Title 15, Division 3, Section 3040(c).

(f) Upon the availability of a vacant CALPIA position, CALPIA enterprise staff shall:

(1) Request a list of eligible inmates from the ICP from the institution/facility Assignment Lieutenant responsible for maintaining the ICP list.

(2) Interview inmates from the ICP list.

(3) Make the final selection of inmates based on priority of the following educational achievements:

(A) High School Diploma or GED

(B) Enrolled in GED program

(C) No Diploma/GED and not enrolled in an education program

(4) Submit a final list of successful inmate applicants in writing on the Offender Job Change Request Form (CALPIA FORM SOMS F001 (3/26/2016)), hereby incorporated by reference, to the institution/facility's Assignment Lieutenant.

(g) In addition to the priorities set forth in subsection (f)(3)(A) through (C), CALPIA will also give consideration to part time CALPIA inmates who graduate from a substance abuse program or complete any other CDCR rehabilitating programs when filling full time assignments.

(h) A urinalysis test shall be requested on all inmates newly assigned to CALPIA within 30 days of their start date. See subsection 8004.3(a) for requesting guidelines.

(i) As part of the appointment process, the inmate's supervisor will provide to the inmate acknowledgement(s) of policies, procedures, and appointment documents for review and signature on the Acknowledgement form (CALPIA FORM IEP F0029/IEP F003 (8/13/5/2020)), hereby incorporated by reference. Failure or refusal to sign an acknowledgement of receipt of these documents shall result in immediate removal and being unassigned from the CALPIA work program.

Authority cited: Sections 2801 and 2808, Penal Code.

Reference: Sections 2801 and 2805, Penal Code.

ACKNOWLEDGEMENT



Inmate Acknowledgement of Policies, Procedures, Rules and Regulations

This acknowledges that I understand there are rules, regulations, policies and procedures (as listed below) applying to assignments with the California Prison Industry Authority (CALPIA) and that failure to sign an acknowledgement of those rules, regulations, policies and procedures, as well as this acknowledgment, shall result in being unassigned from CALPIA work assignment.

Date: _____

Offender Name: _____

Offender Signature: _____

Offender ID No.: _____

Assignment Location(Institution/Enterprise): _____

Rules, Regulations, Policies and Procedures acknowledged:

OFFENDER JOB CHANGE REQUEST FORM



OFFENDER JOB CHANGE REQUEST FORM

 Date: Inmate Assignment Officer: Shop Name: Shop Supervisor:

<u>CDC Num- ber</u>	<u>Inmate Number</u>	<u>Current Po- sition Num- ber</u>	<u>New Posi- tion Number</u>	<u>Old Pay Grade</u>	<u>New Pay Grade</u>	<u>New Pay Rate</u>	<u>Effective Date</u>	

Submitter:
Name:
Signature:

Contact Number:
Date:

Admin/PM Approval:
Name:
Signature:

Title:
Date:

Proper Documentation and approval has been referenced in the Offender's "Supervisor's Work Evolution Report" in SOMS.

Cc: Your Admin/PIM when submitting to IAO after signed approval.