THE CITY OF NEW YORK
DEPARTMENT OF CORRECTION

DIRECTIVE

INMATE INCENTIVE PAY PLAN

I. PURPOSE

To delineate policy and procedures for an inmate work incentive pay plan.

II. POLICY

A. The inmate pay plan has been implemented Department-wide for sentenced inmates and pretrial detainees.

B. Detainees will be paid for working a maximum of forty (40) hours per week with the exception that Inmate Observation Aides may voluntarily work and be paid for a maximum of fifty-six (56) hours per week. No detainee other than Inmate Observation Aides will be paid for working more than forty (40) hours during any one (1) week.

C. All inmate work assignments, including the Riker’s Island Discharge Enhancement (RIDE) program, will be made by a supervisory officer. These inmate assignments may be referred to both Discharge Planning service providers and civilian Department of Correction (DOC) staff assigned to RIDE. However, supervisory officers are the ultimate authority for authorizing inmate job assignments.

D. Job assignments will be classified in one of the following categories: unskilled, semiskilled, skilled and special. These classifications shall be in accordance with the attached Job Classification Listing (Section III. D) except those jobs which fall under Support Services Division, School, RIDE and Inmate Observation Aides.

III. PROCEDURE

A. Wages Rules/Regulations

1. The wage scale for inmates assigned to work details shall be according to the following pay schedule:
III. PROCEDURE (cont.)

a. Skilled (A) .28 - .39 per hour
b. Semi-skilled (B) .20 - .28 per hour
c. Unskilled Rate (C) .17 - .27 per hour
d. Special * (see III.D.) .39 per hour
e. Support Services Division: Support Services Division (Construction, Burial, and Rodman's Neck details), RIDE, Inmate Grievance Representative, Inmate Observation Aides .50 per hour
f. Punitive Segregation Unit Observation Aides $1.00 per hour
g. School .30 per day

Note: The Assistant Commissioner for Contracts and Financial Services is authorized to grant variances in the per hour / school day wage, as deemed necessary.

2. The Office of the Deputy Commissioner for Programs and Discharge Planning Services shall be notified of newly created jobs that do not appear in the Job Classification Listing (Section III.D).

3. The hourly pay rate for each job will be determined according to the skill level associated with the job as noted in the Job Classification Listing (Section III. D.). For example, housekeeping aide is classified "C" and considered unskilled; kitchen service is classified "B" and considered semiskilled; cooking is classified "A" and considered skilled. However, in certain situations, the "Special Rate" category may be applied to a particular job classification or skill, at the discretion of the Deputy Commissioner for Programs and Discharge Planning Services.

4. Refer to the hourly pay schedule (Section III. A) to determine the hourly wage for each skill category. Each skill category (A, B and C) has an hourly pay range to accommodate the length of time someone has served on the job.

5. Detainees willing to work must sign a release, in duplicate, to work.

6. Inmates enrolled and attending a Department of Education (DOE) school within:

a. The Island Academy at RNDC, EMTC, RMSC;
b. The Horizon Academy at AMKC, GMDC, GRVC, NIC, and OBCC; and/or
c. Adult Education (basic literacy, GED preparation, ESL or College Preparation);
d. Vocational Education (Custodial Maintenance, Computer Skills, Computer Repair, Automotive, or Pest Control).
III. PROCEDURE (cont.)

will be paid on a daily basis at the rate of thirty (.30) cents per day. Inmates who attend and receive payment for educational classes will also be allowed to be employed and receive pay.

7. Inmates are not permitted to hold more than one (1) job at a time (with the exception of inmate council representatives and inmates receiving thirty (.30) cents per day for educational classes), nor be employed by more than one facility.

8. Inmates will not be paid for serving as inmate council representatives. They will be permitted to hold other jobs in addition to being council representatives, for which they will be paid.

9. Inmates are paid for each hour worked (except those participating in educational classes, as explained in Section III.A.6).

10. Working inmates will be paid for hours actually worked; i.e., inmates will not be paid for holidays, court appearances, medical absences, or if they are prevented from working for administrative reasons.

11. Inmate work performance must meet with the approval of the work supervisor, who will report poor performance to the job assignment officer.

12. Inmates incurring institutional infractions while on the job may be subject to loss of pay or change of work assignment as determined by the Commanding Officer or designee. Institutional disciplinary procedures will be followed in these cases. In the case of inmates assigned to a DOE school, the school principal will discuss such infraction with the Commanding Officer or designee to ensure that DOE Rules and Regulations have been considered prior to enforcing disciplinary actions.

13. Earned wages will be credited to each inmate's account by the appropriate Cashier's Office (borough facility) or by the Rikers Island Central Cashier's Office for all Rikers Island facilities.

B. PROCEDURES FOR PROCESSING PAYROLL FORMS

1. In order to properly process the Inmate Incentive Pay Plan, a number of forms must be completed within the time schedule outlined and in accordance with a specific procedure. There will be no deviation from this procedure without the approval of the Commanding Officer (borough facilities) or the Rikers Island Central Cashier's Office for all Rikers Island facilities.
III. PROCEDURE (cont.)

2. Preparation of the Inmate Weekly Work Record and Payroll Form #77 (in duplicate) will be the responsibility of five (5) specific areas.

   a. The Deputy Warden of Administration's Office or designee will prepare Form #77 for the following areas:
      
      i. Barber Shop;  
      ii. Clothes Box;  
      iii. All Clerks;  
      iv. Clinic;  
      v. Deputy Warden's Office;  
      vi. Recreation;  
      vii. All Housekeeping Aides;  
      viii. Classification;  
      ix. Education; and  
      x. Manhattan Court Division (MDC only).

   b. The Food Service Captain shall ensure that Form #77 is prepared for the following areas:
      
      i. Mess Hall; and  
      ii. Kitchen.

   c. Maintenance will prepare Form #77 for the following areas:
      
      i. All Shop Workers;  
      ii. All Outside Work Details (if any);  
      iii. Maintenance; and  
      iv. Supply.

   d. It shall be the responsibility of the supervisor of the work detail in the following commands to complete Form #77. Upon completion, the sheets shall be forwarded to the Cashiers Office (borough facilities) or the Rikers Island Central Cashier's Office for all Rikers Island facilities and those areas not connected with a borough facility, such as:
      
      i. Bellevue Hospital Prison Ward;  
      ii. Elmhurst Hospital Prison Ward;  
      iii. Transportation Division;  
      iv. Brooklyn Detention Complex/Court Division;  
      v. Bronx Detention Complex/Court Division; and  
      vi. Queens Detention Complex/Court Division.

   e. Inmate Grievance Coordinators will prepare Form #77 for the following:
      
      i. Inmate Grievance Representatives;  
      ii. Inmate Clerks; and  
      iii. Inmate Housing Aides.
III. PROCEDURE (cont.)

3. The five (5) areas previously mentioned in Section III B.2.d. will type or print the following information on Form #77:

   a. Facility;
   b. Name of work detail;
   c. Week ending the following Friday, with date included;
   d. Pay rate;
   e. Inmate names in chronological order as assigned to work detail; and
   f. Inmate number.

4. Form #77 (Inmate Weekly Work Record and Payroll Form) will be distributed to the respective work detail or housing officer at the beginning of each week.

   a. Staff assigned to supervise work details are responsible for completing Form #77. Inmates shall sign the form in the appropriate section on the day worked. Staff shall enter the hours worked daily and the total hours worked weekly.

   b. In the event an inmate is not available for work that day, a line will be drawn diagonally through the designated area for the signature of the inmate. Upon completion of each workweek, all copies of Form #77 will be returned to the designated facility staff.

   c. At the end of each workweek, the designated facility staff will compute the "total hours" (not to exceed forty [40] hours except for Inmate Observation Aides) worked, from the "Inmate Weekly Work Record," which will be multiplied by the "pay rate" to determine the weekly earnings which will be entered in the "total earned" column.

   d. The designated facility staff will run an adding machine tape of all columns and insert the total figures in the spaces allocated. The adding machine tapes will be affixed to the completed sheets.

   e. After the payroll sheets have been computed they will be numbered in consecutive order by the designated facility staff. The numbers will be placed at the bottom of the form beginning with Sheet No. 1.

   f. After the payroll sheets have been computed and numbered, the designated facility employee will sign his/her name on the back of the last "P" (pink payroll) sheet in the space designated as Certification No. 1. (see Attachment A, "Payroll Certification" [*P" Sheet]).
III. PROCEDURE (cont.)

5. The designated facility staff responsible for preparing the payroll forms for processing will forward the payroll forms for posting as follows:

A. Borough Facilities

1. The payroll forms shall be forwarded to the facility Cashier’s Office for posting.

2. The cashier will run an adding machine tape of all payroll figures as submitted to him/her and verify all totals.

3. The cashier will post the payroll to the appropriate inmate accounts via the IFCOM system and the Payroll Entry screen.

4. The payroll total figure and the sheet numbers (refer to Section III.B.4.e and f) will be inserted in the space provided on the last Payroll Certification “P” sheet.

5. The cashier will affix his/her signature in the space indicated on the back of the last “P” sheet in the box designated as Certification No. 2, and in the body of Form #A-24 (Attachment D, Personal Expense).

6. The cashier will forward the posted payroll and Form #A-24 to the Commanding Officer for his/her signature.

7. The Commanding Officer will affix his/her signature on the back of the last “P” sheet in the box designated as Certification No. 3. The amount of the payroll and the date forwarded to the Financial Services Division will also be entered in the box designated as Certification No. 3 (see Attachment A).

8. The cashier will prepare a cover report using Form #A-24, “Personal Expense” (Attachment “D”). Form #A-24 must be signed by the cashier and the Commanding Officer. A copy of the cover report, original payroll sheets and any duplicate copies of the Inmate Payroll will be retained as a permanent record in the Cashier’s Office. The records will be filed weekly, in numerical sequence, and be available for auditing purposes.
III. PROCEDURE (cont.)

9. The IFCOM computer printout which is automatically generated once the cashier completes posting the inmate payroll and a copy of Form #A-24 of the inmate payroll along with a Certification Memorandum (Attachment B) and a copy of the last "P" sheet used will be promptly forwarded to the Financial Services Inmate Wage Unit for processing to the N.Y.C. Department of Finance (DOF) for the purpose of reimbursement.

10. Upon receipt of the reimbursement check from the Department of Finance in the total amount of the weekly payroll, the check will be posted via the IFCOM system against the corresponding receivable. The check should be included in the normal end-of-day deposit to the Inmate Fund Bank Account.

B. Rikers Island Facilities

1. After affixing his/her signature in the box designated as Certification No. 1 on the back of the last "P" sheet, the designated facility employee will forward the payroll to the Commanding Officer for review.

2. The Commanding Officer will prepare a cover memo detailing the specific payroll period (i.e., Inmate Wage Week Ending MM/DD/YY) that is being forwarded to the Rikers Island Central Cashier's Office for posting.

3. The Commanding Officer will ensure that the previous week's payroll is hand delivered to the Rikers Island Central Cashiers office for posting by 1200 hours each Tuesday.

4. The cashier will run an adding machine tape of all payroll figures as submitted to him/her and verify all totals.

5. The cashier will post the payroll to the appropriate inmate accounts via the IFCOM system and the Payroll Entry screen.

6. The Payroll total figure and the sheet numbers will be inserted in the space provided on the last "P" sheet used.
III. PROCEDURE (cont.)

7. The cashier will prepare a cover report using Form #A-24. Form #A-24 must be signed by the cashier and the Rikers Island Central Cashier's Office Manager. A copy of the cover sheet and the original payroll sheets will be returned to the facility as proof that the payroll has been posted. A copy of the IFCOM computer printout, Personal Expense Voucher and Certification Memorandum will be retained at the Rikers Island Central Cashier's Office for their records in numerical order for auditing purposes.

8. The cashier will affix his/her signature in the space indicated on the back of the last "P" sheet in the box designated as Certification No. 2. The cashier will also affix his/her signature in the body of Form #A-24.

9. The cashier will forward the posted payroll and Form #A-24 to the Rikers Island Central Cashier's Office Manager for his/her signature.

10. The Rikers Island Central Cashier's Office Manager will affix his/her signature on the last page of the "P" sheet in the box designated as Certification No. 3. The amount of the payroll and the date forwarded to the Financial Services Division will also be entered in the box designated as Certification No. 3.

11. The IFCOM computer printout and Personal Expense voucher (Form #A-24) of the inmate payroll, along with a Certification Memorandum (Attachment B), and a copy of the last "P" sheet used will be promptly forwarded to the Financial Services Inmate Wage Unit for processing to the N.Y.C. Department of Finance for the purpose of reimbursement.

12. Upon receipt of the reimbursement check from the Department of Finance in the total amount of the weekly payroll, the check will be posted via the IFCOM system against the corresponding receivable. The check shall be included in the normal end-of-day deposit to the Inmate Fund Bank Account.

C. PAYROLL VOUCHERING

1. Upon receipt of the IFCOM computer printout and personal expense voucher by the Financial Services Division the documents must be immediately checked and prepared for vouchering. Immediately thereafter, a check in the full amount of the payroll will be forwarded
III. PROCEDURE (cont.)

2. The Commanding Officer (borough facilities) or the Rikers Island Central Cashier’s Office Manager for all Rikers Island facilities will be directly responsible for the proper and efficient handling of this fund at the facility level.

D. JOB CLASSIFICATION LISTING:

A = SKILLED
B = SEMISKILLED
C = UNSKILLED
* = SPECIAL RATE

1. SANITATION

C- HOUSEKEEPING AIDES - Sanitation of housing areas, tier and dorm cleaning.

C- GARBAGE DETAIL - consolidation and processing of garbage for entire facility; heavy sanitation handling.

C- MESS HALL - cleaning floors and work areas throughout the food service area.

C- CLINIC & HOSPITAL CORRIDOR - sweeping and mopping of clinic areas within the North Infirmary Command.

C- GENERAL SANITATION - cleaning main halls, stairways, elevators and other non-specific sections of the facility.

C- RECREATION - cleaning gym and yard as well as recreational equipment.

C- STOREHOUSE - maintaining cleanliness of storehouse and stock area.

C- COMMISSARY - cleaning floors and counters in commissary area.
III. PROCEDURE (cont.)

C- BARBER SHOP – general sanitation.

C- CHAPEL - cleaning of chapels.

C- TIER FEEDING AND SANITATION - cleaning housing area and feeding inmates from carts.

C- COURT PEN WORKERS - food serving to inmates awaiting court appearances, sanitation of pens.

C- INTAKE - cleaning and maintenance of intake area.

C- LAW LIBRARY – general sanitation.

C- LAUNDRY - area sanitation.

C- CLOTHES BOX - sanitation of area where civilian and institutional clothes are stored.

C- SOCIAL SERVICE AREA - cleaning counseling area.

C- SCHOOL SANITATION - general sanitation.

C- GENERAL OFFICE - cleaning of General Office, Deputy Warden's offices, classification and assignment officer's stations.

C- MANUFACTURING INDUSTRIES - cleaning the out areas presently used for industries.

C- YARD SANITATION - exterior sewer flushing and cleaning of grounds.

C- PEN SANITATION - cleaning and inspection of locker rooms and lockers, and of empty pens.

C- ELEVATOR CLEANER

C- SPECIAL DETAIL - specific cleaning under the direction of supervising correction officer.
III. PROCEDURE (cont.)

2. KITCHEN WORKERS (NON SANITATION)

   B- SERVER - take orders, serve food in staff dining areas.

   B- SHORT ORDER COOK - prepares meals to order as a service to staff dining areas.

   A- COOKS - food preparation for the main meals (lunch and dinner) includes main line and staff cooks, salad cooks.

   B- DINING HELP - picking up trays, running dishwashers.

   B- FOOD PREPARERS - serve as assistant cooks in that they peel potatoes and otherwise prepare food for cooking.

   B- COUNTERPERSON - serve food over the counter and clean steam tables after use.

   B- BEVERAGE PREPARATION - prepares beverages and oversees upkeep of beverage machines.

   B- SANDWICH PREPARATION - prepares sandwiches, either for dining room service or the inmates appearing in court.

   C- POTATO PEELER - peeling potatoes.

   C- POT WASHERS - clean pots by hand.

   C- VAT CLEANER - washes out large cooking vats.

   B- FOOD WAGON - delivery of food to housing areas.

3. TECHNICAL HELPERS

   A- MAINTENANCE - general facility maintenance including wiring, plumbing, etc.

   A- ELECTRICAL - electrical work (done under civilian supervision).
III. PROCEDURE (cont.)

A - GLAZIERS - repair and replace windowpanes in various areas of institution.

B - PLUMBER'S HELPER - assist in pipe soldering, cutting, etc.

B - CARPENTER'S HELPER - help with minor construction work and the finishing of wooden office equipment.

A - CONSTRUCTION DETAIL - handy person working in Correction Industries and Support Services Division.

4. OTHER INSTITUTIONAL JOBS

B - PAINTERS - painting of walls, bars, ceilings, etc. within the facility.

A - BARBERS - hair cutting.

A - BEAUTY PARLOR - hair pressing, curling, wet sets and hair cutting.

B - COMMISSARY - counterpersons and stock keeping.

C - LINEN ROOM - distributing new linen in exchange for dirty linen.

A - SEWING FACTORY - R.M.S.C. production of facility clothing.

B - INFIRMARY - making of beds for patients, food serving and/or sanitation.

A - LIBRARY CLERK - typing, categorization of books.

B - LIBRARY ASSISTANTS - shelving and stenciling, book cart operation.

B - PROGRAMS OFFICE - assistance to Program Deputy Wardens. Typing and clerical work.

A - OFFICE WORKER - clerical and typing work.
III. PROCEDURE (cont.)

B- VISIT HELPERS - expedite processing of visits in various capacities as assistants to correction officers.

B- CLOTHES BOX - help organize civilian and/or institutional clothing distribution, washing linen, sanitizing mattresses and pillowcases.

B- STORE HOUSE WORKERS - transporting equipment and unloading trucks.

B - SIGN PAINTERS - painting of temporary and permanent signs used both indoors and outdoors.

E- INMATE GRIEVANCE COMMITTEE REPRESENTATIVE – responsible for assisting in fact finding, mediation and resolution of grievances, as well as the implementation of resolved grievances. The inmate representative is a voting member at the IGRP Hearings.

E- INMATE CLERK – responsible for all clerical functions of the IGRC.

E- INMATE HOUSING AIDES – responsible for explaining the IGRC to inmates in the housing areas. Assists with the identification and verification of problem areas related to specific grievances within assigned areas.

B- INMATE MUSICAL ENTERTAINER - applies only to inmates who rehearse a minimum of 20 hours in a given week, subject to the Commanding Officer’s approval.

A- SCHOOL TUTORS - teaching assistants.

A- INMATE OBSERVATION AIDES - monitors inmates in housing areas.

5. INDUSTRIES & NON-HOUSING FACILITY WORK DETAILS

A - TAILOR SHOPS - production of institutional sheets, towels, and blankets.
III. PROCEDURE (cont.)

A - MAINTENANCE ENGINEER - works on technical engineering concerns for Rikers Island Security.

B - LANDSCAPE CREW - work on beautification of landscape, tree nursery, shrubbery, and farming.

*B - LAUNDRY - operators of washing and drying machines, pressing and folding washed clothes.

A - BAKERY- production of baked goods.

*A - BURIAL DETAIL- digging graves and burying indigents

A - PRINT SHOP –print setters, writers and distributors of institutional newspapers.

B - MANUFACTURING INDUSTRIES WAREHOUSE- fill supply requisitions.

B - GARAGE WORKERS- maintenance of area.

B - SANITATION SUPPLY- issuing equipment for sanitation workers, some inventory work.

B - FIRE DETAIL- clean fire engines and other fire equipment at Rikers Island Firehouse.

C - WORK DETAIL- a varied labor force which does miscellaneous work for Rikers Island Security. (i.e., loading trucks, unloading books and the like.)

B - RODMAN’S NECK- clean shooting range area.

IV. REFERENCE

V. ATTACHMENTS

A. Payroll Certification, ("P" Sheet)
B. Sample, Certification Memorandum
C. Form #54AR- Cashier’s Daily Statement of Inmate Cash Fund
D. Form #A-24, Personal Expense
E. Form #77, Inmate Weekly Work Record and Payroll

VI. SUPERSEDES

ATTACHMENT A - "P" SHEET

CERTIFICATE NO. 1

(To be signed by person preparing and computing payroll)

I hereby certify that the accompanying payroll consisting of sheets No. ______ to ______ was prepared and computed by me; that the amounts shown thereon are correct and that no part of the several amounts charged on this payroll has been included and paid on any other payroll or voucher.

Signature ___________________________
Title ______________________________
Date ______________________________

CERTIFICATE NO. 2

(To be signed by Cashier)

I hereby certify that on _________
(Date)
the amounts shown on this payroll were properly posted on the individual Inmate Account Cards of prisoners named thereon.

Signature ___________________________
Title ______________________________
Date ______________________________

CERTIFICATE NO. 3

(To be signed by the Head of Institution)

I hereby certify that I have personally examined the foregoing certificates and that to the best of my knowledge information and belief, this payroll is correct and that the prisoners named therein have performed the services for the rates indicated and are entitled to the amounts shown.

Total Amount of this Payroll $__________

Forwarded to Fiscal Control Division ______
(Date)

Signature ___________________________
Title ______________________________
Date ______________________________
ATTACHMENT B - SAMPLE CERTIFICATE MEMORANDUM

Date : MM/DD/YY

To : Inmate Wage Unit, 60 Hudson St., New York, NY 10013

From : WARDEN/COMMANDING OFFICE, TITLE, FACILITY

Subject: INMATE WAGE WEEK ENDING MM/DD/YY

I have signed the back of the Inmate Time Sheet to the week ending MM/DD/YY and examined all corresponding inmate wage forms and have appropriately filed the Inmate Wage forms.

I have verified the totals and cross checked each computerized print-out from (MICRO Solutions or IFCOM) system; cross checked all adding machine tapes; and compared the Personal Expense Vouchers with all applicable print-outs.

I hereby certify that to the best of my knowledge the payroll for week ending MM/DD/YY is correct and that the inmate's named thereon have performed the services for the rates indicated and are entitled to the amounts shown.

Total Amount of this payroll $____________________
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<tr>
<th>ITEM NO.</th>
<th>Receipts</th>
<th>$ Daily</th>
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<tbody>
<tr>
<td>1</td>
<td>Admissions (Receipt Nos.)</td>
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<tr>
<td>2</td>
<td>Inmate Mail (Receipt Nos.)</td>
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<td>3</td>
<td>Visitors (Receipt Nos.)</td>
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<td>4</td>
<td>From Other Institutions (Sheet Nos.)</td>
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<td>7</td>
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<tr>
<td>8</td>
<td>TOTAL RECEIPTS</td>
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<tr>
<td>9</td>
<td>GRAND TOTAL RECEIPTS AND BANK BALANCE</td>
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<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>Disbursements (Checks Only)</th>
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<tbody>
<tr>
<td>10</td>
<td>Discharged Inmates (Sheet Nos.)</td>
</tr>
<tr>
<td>11</td>
<td>Transfers To Other Institutions (Sheet Nos.)</td>
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<tr>
<td>12</td>
<td>Commissary (Sheet Nos.)</td>
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<tr>
<td>13</td>
<td>Telephone Calls (Check No.)</td>
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<td>14</td>
<td>Reimbursement To Inmate Imprest Fund (Check No.)</td>
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<td>15</td>
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<td>16</td>
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<td>17</td>
<td>Other</td>
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<td>18</td>
<td>TOTAL DISBURSEMENTS</td>
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<tr>
<td>19</td>
<td>CASH AND BANK BALANCE AT CLOSE OF DAY</td>
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<tr>
<th>ITEM NO.</th>
<th>Analysis Of Inmate Cash Fund Balance</th>
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<tr>
<td>20</td>
<td>Cash And Bank Balance (Item 19)</td>
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<tr>
<td>21</td>
<td>Balance in Inmate Imprest Fund (Item 35)</td>
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<td>22</td>
<td>Less Telephone Calls Payable</td>
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<tr>
<td>23</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Add CNR's</td>
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<tr>
<td>25</td>
<td>TOTAL INMATE CASH FUND BALANCE</td>
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<tr>
<td>26</td>
<td>Total Balance (Active and Inactive Accounts). Explain discrepancies on separate sheet</td>
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### Record Of Checks Issued

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<th>No.</th>
<th>FOR</th>
<th>AMOUNT</th>
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### Statement Of Inmate Imprest Fund

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<th>ITEM NO.</th>
<th>Statement Of Inmate Imprest Fund</th>
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<tr>
<td>27</td>
<td>Cash Balance Brought Forward From Previous Day</td>
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<tr>
<td>28</td>
<td>Plus Reimbursement (Item 14)</td>
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<td>29</td>
<td>TOTAL CASH</td>
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### Disbursements

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<th>Disbursements</th>
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<td>Cash To Discharged Inmates (Sheet Nos.)</td>
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<td>Cash For Telegrams</td>
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<td>TOTAL DISBURSEMENTS</td>
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<tr>
<td>35</td>
<td>CASH BALANCE ON HAND AT CLOSE OF DAY</td>
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Prepared by Cashier's Signature __________________________ Date __________

Reviewed by Warden's Signature __________________________ Date __________
### PERSONAL EXPENSE

**Date:** SEP 01 1994

**Department, Bureau or Agency:**
- **BRONX HOUSE OF DETENTION FOR MEN**

**Address:**
- **653 RIVER AVENUE, BRONX NY 10451**

#### For amounts disbursed as follows:

<table>
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<tr>
<th></th>
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<th></th>
<th></th>
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<tbody>
<tr>
<td>20¢</td>
<td>75</td>
<td>2.051</td>
<td>$410.20</td>
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<tr>
<td>25¢</td>
<td>87</td>
<td>3.112</td>
<td>$778.00</td>
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<tr>
<td>30¢</td>
<td>8</td>
<td>2.40</td>
<td>$72.00</td>
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<tr>
<td>35¢</td>
<td>50</td>
<td>2.336</td>
<td>$817.60</td>
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</table>

**Totals:**
- **220**
- **7.739**
- **$2,077.80**

**Notes:**
- AUG 01 1994
- AUG 07 1994
- THE FOLLOWING AMOUNTS WERE PANTHEL BY THE INMATES OF THE BRONX HOUSE OF DETENTION FOR MEN FOR INMATES IN THE WAGE INCENTIVE PROGRAM FOR THE WEEK OF:
- **#1221**
- **#1268**

**GRAND TOTAL**

---

I hereby certify that the above account of expenditures is a true and correct statement of disbursements actually made by me; that the allowance for supper money included in this account was for services required after regular business hours and authorized by my supervisor; and that the expenditures of the above sums were necessary in the performance of my official city duties; and further certify that no part thereof has been paid to me except as stated thereon, and that the balance as shown therein, is actually due me.

**Date:** SEP 01 1994

**APPROVED BY**

---

**Supervisor or Chief**

---

**Signature**
<table>
<thead>
<tr>
<th>Shop</th>
<th>Week of</th>
<th>Institution</th>
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<tbody>
<tr>
<td>Total Hrs.</td>
<td>Rate Per Hour</td>
<td>Total Earned</td>
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Employee's Daily Verification Signature

<table>
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<tr>
<th>SUMMARY</th>
<th>This Space for Cashier Use</th>
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<tbody>
<tr>
<td>Rate</td>
<td>No. Hours</td>
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<tr>
<td></td>
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</tbody>
</table>

I certify that the above record of hours worked by inmates listed is correct and that each signature has been witnessed by me and is that of the inmate concerned.

Signature: __________________________ Title: __________________________

Date: __________________________ Sheet No.: __________________________ Of: __________________________ Sheets

ATTACHMENT E