

MARYLAND DIVISION OF CORRECTION

**Labor Pool Assignment Acknowledgment Form**

\_\_\_\_\_  
**Correctional Facility**

Name: \_\_\_\_\_ CL #: \_\_\_\_\_ Date: \_\_\_\_\_

I understand I am being considered for assignment to the institutional labor pool. I further acknowledge that I will earn diminution credits, **if eligible**, while assigned to this detail at the rate of five (5) days per month. However, as this assignment is **not** a paid detail, I understand that I will not receive monetary compensation for my participation.

I also accept that as a general assignment, my job duties will consist of various activities and assignments throughout the institution. I will perform this assignment as directed by institutional staff. Any refusal on my part to carry out any of my duties in a satisfactory manner will result in disciplinary action.

Inmate's Signature: \_\_\_\_\_ CL #: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_ Date: \_\_\_\_\_