 <p><b>CD-020400</b></p>	<p align="center"><b>NEW MEXICO CORRECTIONS DEPARTMENT</b></p> <p align="center"><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i></p> <p align="center"> <b>C</b>ourage <b>R</b>esponsibility <b>E</b>thics <b>D</b>edication - <b>CRED</b>ibly serving the public safety of New Mexico </p>	
	<b>ISSUE DATE:</b> 05/20/02	<b>REVISED:</b> 02/18/15
	<b>EFFECTIVE DATE:</b> 05/02/02	<b>REVIEWED:</b> 10/31/17
<b>TITLE: Employee Accountability for Department Property</b>		

**AUTHORITY:**

NMSA 1978, Section 33-1-6, as amended.

**REFERENCE:**

- A. Policy CD-023400 Supplies
- B. Policy CD-023600 Cash Handling

**PURPOSE:**

To establish guidelines for the issuance and return of Department property, reporting of lost, stolen, vandalized, destroyed, or damaged property and accountability for replacement costs of such property.

**APPLICABILITY:**

All employees of the New Mexico Corrections Department.

**FORMS:**

- A. **Policy Acknowledgement** form (*CD-020401.1*)
- B. **Inventory of Property** form (*CD-020401.2*)
- C. **Certification of Property Loss** form (*CD-020401.3*)
- D. **Supervisor's Investigation Report** form (*CD-020401.4*) (2 Pages)
- E. **Disposition Request** form (*CD-020401.3*)
- F. **Probation and Parole Division Identification and Access Badges Acknowledgement** form (*CD-020401.4*)

**ATTACHMENTS:**

None

**DEFINITIONS:**

Property: Tangible goods purchased by the Department for use by employees in the performance of their duties.

**POLICY:**


Employees shall be responsible for all property that is issued to them by the Department.



---

David Jablonski Secretary of Corrections  
New Mexico Corrections Department

10/31/17  
Date

 <p><b>CD-020400</b></p>	<h1>NEW MEXICO CORRECTIONS DEPARTMENT</h1> <p><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i>  <b>Courage Responsibility Ethics Dedication - CREDibly</b> serving the public safety of New Mexico</p>	
	<b>ISSUE DATE:</b> 05/20/02	<b>REVISED:</b> 02/18/15
	<b>EFFECTIVE DATE:</b> 05/02/02	<b>REVIEWED:</b> 10/31/17
<b>TITLE: Employee Accountability for Department Property</b>		

**AUTHORITY:**

Policy *CD-020400*

**PROCEDURES:**

- A. Department property that is entrusted to an employee shall be issued on an **(Inventory of Equipment)** form (*CD-020401.2*). The supervisor of each work unit shall retain the original copy of the form.
  
- B. Employees shall be held accountable for the following:
  - 1. Reporting abused, damaged, misplaced, stolen, or lost assigned property to the immediate supervisor;
  - 2. Reimbursing the Department for replacement costs of property when the employee's negligence or intentional misconduct resulted in the property being abused, damaged, misplaced, stolen or lost; and
  - 3. Returning all Department property prior to or on their last day of employment with the Department or upon transfer to another position within the Department that does not require their use of the issued property.
    - a. Any employee or former employee who fails or refuses to return Department property shall be responsible for reimbursing the Department the replacement cost of the property.
    - b. Department employees shall have up to 12 months from the date of their transfer to another position within the Department to make full reimbursement. The employee shall work with the Human Resources Bureau and the ASD-Accounting Bureau, to make appropriate arrangements for reimbursing the Department. The amount of time provided for reimbursement may vary based upon the actual replacement cost, but in no instance shall it exceed 12 months.

- c. Failure to reimburse within the agreed upon time period may result in disciplinary action. Former employees shall have 30 days from their last day of employment with the Department to make full reimbursement.
    - d. The Department may take legal action against any employee or former employee who fails to comply with the provisions of this paragraph.
  - C. Whenever property assigned to an employee is lost, stolen vandalized, destroyed, or damaged, the employee shall report the incident within two workdays to the immediate supervisor on a (**Certification of Property Loss**) form (*CD-020401.3*). The supervisor shall conduct an investigation and complete a (**Supervisor's Investigation Report**) form (*CD-020401.4*).
    1. The completed Supervisor's Investigation Report will be sent to the Warden if the employee is assigned to a correctional institution or to the appropriate Division Director if the employee is assigned to any other area in the Department.
    2. The Warden or Division Director will notify their respective Business Manager of the described loss. The Business Manager shall then forward to the Administrative Services Division Financial Management Bureau a (**Disposition Request**) form, Attachment CD-023401.3, to properly dispose of the property.
    3. The Warden or Division Director will make a determination as to whether the employee's negligence or intentional misconduct resulted in the loss of or damage to the property.
    4. If the determination is made that the employee's negligence or intentional misconduct resulted in the loss of or damage to the property, the Warden or Division Director will notify both the employee and the employee's supervisor. If the employee disagrees with the determination, the employee may appeal to the appropriate Deputy Secretary. Upon appeal to this level, the Deputy Secretary or designee shall render a decision. The Deputy Secretary's determination is final.
    5. If the final determination is that the employee's negligence or intentional misconduct resulted in the loss of or damage to the property, the employee will be required to make arrangements for reimbursing the Department.
      - a. The amount of time provided for reimbursement may vary based upon the actual replacement cost, but in no instance shall it exceed 12 months. Failure to reimburse within the agreed upon time period may result in disciplinary actions.

- b. If there is a determination that the employee's negligence or intentional misconduct resulted in the loss of or damage to property, the employee may be subject to disciplinary action even though the employee makes arrangements to reimburse the Department.
6. The employee must make full restitution to the Department within the agreed upon time, not to exceed 12 calendar months from the final determination date.
7. Reimbursements to the Department shall be handled in accordance with policy *CD-023600*, Cash Handling.
8. The Department may take legal action against any employee who fails to make full restitution within the agreed upon time.
9. If the determination is made that the employee was not negligent or careless, the Warden or Division Director will notify both the employee and the employee's supervisor, and the employee will not be required to reimburse the Department.
10. All employees will be provided with a copy of this policy and will acknowledge receipt and understanding by signing and returning the acknowledgment.



---

David Jablonski Secretary of Corrections  
New Mexico Corrections Department

10/31/17  
Date

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Policy Acknowledgement**

(*CD-020400-01*, Employee Accountability for Department Property)

I, \_\_\_\_\_, acknowledge that I have received a copy of policy (*CD-020400*) and Procedure (*CD-020401*) and I further acknowledge that it is my responsibility to become familiar with this policy/procedure and recognize that violations may result in disciplinary action. If I have questions or if I do not understand any provision of this policy/procedure, I will ask my supervisor.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

cc: employee's personnel file

**NEW MEXICO CORRECTIONS DEPARTMENT**

**Inventory of Property**

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Institution/Division: \_\_\_\_\_ Section: \_\_\_\_\_

NMCD #	ITEM	DESCRIPTION (Brand. Model. Color. Etc.)	SERIAL #/ID

_____ Employee Signature	_____ Title
_____ Supervisor Signature	_____ Title

**NEW MEXICO CORRECTIONS DEPARTMENT**

**Returned Inventory of Property**

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Institution/Division: \_\_\_\_\_ Section: \_\_\_\_\_

NMCD #	ITEM	DESCRIPTION (Brand. Model. Color. Etc.)	SERIAL #/ID

_____	_____
Employee Signature	Title
_____	_____
Supervisor Signature	Title

**PROPERTY RETURN FORM**



**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Certification of Property Loss**

No. \_\_\_\_\_

Note: Attach a copy of police report if property was stolen or vandalized.

**PART I – EMPLOYEE STATEMENT**

Institution/Division \_\_\_\_\_ Location \_\_\_\_\_ Date \_\_\_\_\_

The undersigned employee of the New Mexico Corrections Department hereby certifies that the following described articles were in his/her custody and were \_\_\_\_\_ (Lost/stolen/vandalized/Destroyed or Damaged) on \_\_\_\_\_ at \_\_\_\_\_ and that the immediate supervisor was notified on \_\_\_\_\_.

NMCD Number	Item	Description	Inventory Value

Statement; \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned hereby certifies that the above statement is true and correct:

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Title

**PART II**

Witness By: \_\_\_\_\_  
Supervisor

Acknowledge By: \_\_\_\_\_  
Warden/Division Director

**PART II – BUSINESS MANAGER/CAPITAL ASSET ADMINISTRATOR**

Disposition: \_\_\_\_\_ Disposition Date: \_\_\_\_\_


**NEW MEXICO CORRECTIONS DEPARTMENT**

**Supervisor's Investigation Report**

**SECTION I – BACKGROUND DATA**

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Location of Occurrence: \_\_\_\_\_

Date of Occurrence: \_\_\_\_\_ Time of Occurrence: \_\_\_\_\_ A.M. /P.M.

Date incident Reported to Supervisor: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. /P.M.

Witness(s): \_\_\_\_\_

Nature of Occurrence – (Indicate with an X)

Property Damage Only

Other Actual or  
Potential Loss

Property Lost, Stolen

Describe What Happened: \_\_\_\_\_

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

**SECTION II – CAUSES**

Identify Immediate Cause(s): (i.e., negligence, intentional misconduct, other)

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

**NEW MEXICO CORRECTIONS DEPARTMENT**

**Supervisor's Investigation Report**  
(Continued)

**SECTION III – SUPERVISOR'S DETERMINATION**

A. I make the following determination(s):

---

---

---

---

---

---

---

B. I make the following recommendation(s):

---

---

---

---

---

---

---

**SECTION IV – SIGNATURE**

I agree / disagree with my supervisor's determination:

**Employee** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

Immediate  
Supervisor \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

Warden/  
Division Director \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Probation and Parole Division Identification and Access Badges Acknowledgement**

Upon commencement of employment, employees of NMCD PPD are provided with a variety of identification/access badges. These items are used for official purposes only and provide entry to NMCD buildings and parking facilities. Replacement badge costs are assessed to the employee if lost or damaged as a result of negligence or intentional misconduct.

1. Identification badge that provides access to the GARA building and Central office.  
Replacement for lost/ damaged card is \$10.00
2. Parking access to the GOLD building. Replacement cost is \$5.00
3. Parking access to the Bank of America. Replacement cost is \$15.00
4. PPD Shield Replacement cost \$97.25
5. Commission Card. Replacement cost \$10.00
6. Terminated employees, or employees who voluntarily resign must return all issued identification and access cards to their supervisor or Region Manager.

*I have read and understand that state issued identification and access cards are for official use only and that the cost of replacing lost or damaged identification and access cards is my responsibility if the loss or damage is the result of negligence or intentional misconduct. I further understand that upon resignation or termination of employment I shall turn in all Identification and access cards to my supervisor.*

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date