

CORRECTIONAL PLAN MEMBERSHIP REQUEST FORM

Complete this form to request membership in the Correctional Employees Retirement Plan. You are attesting that you meet the definitions in Minnesota law to be considered for membership in the retirement plan. Email the completed form to CORRmembership@mnretire.gov.

MEMBERSHIP CRITERIA

Please review the definitions below to ensure that you meet the criteria defined in Minnesota Statute to participate in the Correctional Employees Retirement Plan before you complete and submit the request form.

Minnesota Statutes 352.901

Subd. 6. Direct contact. "Direct contact" means interactions between an employee and one or more patients, clients, or incarcerated persons where the employee is physically present and engaged with patients, clients, or incarcerated persons as part of the employee's normal duties, as defined in section 352.01, subdivision 17d, which must include regular involvement in rehabilitation, treatment, custody, or supervision of patients, clients, or incarcerated persons, while maintaining safety, security, and order.

Subd. 7. Direct contact requirement. "Direct contact requirement" means the requirement that the employee spend at least 75 percent of the employee's working time in direct contact.

Minnesota Statutes 352.01

Subd. 17d. Normal duties. "Normal duties" means specific tasks designated in the applicant's job description and which the applicant performs on a day-to-day basis, but do not include less frequent duties which may be requested to be done by the employer from time to time.

Work Location

In addition, your work location must be one of the eligible facilities or programs for participation in the Correctional Employees Retirement Plan.

Minnesota Correctional Facilities located in:

- Faribault
- Lino Lakes
- Moose Lake
- Oak Park Heights
- Red Wing
- Rush City
- Shakopee
- St. Cloud
- Stillwater
- Togo
- Willow River

Direct Care and Treatment forensic services program or Minnesota Sex Offender Program located in:

- Moose Lake
- St. Peter

EMPLOYEE INFORMATION

Provide the employee's name and employment information.

Employee Name	
Employee ID	
Department/Agency (choose one)	☐ DCT-MSOP ☐ DCT-Forensics ☐ Department of Corrections
Work Location (see list above)	
Current Job Classification	
Current Bargaining Unit	

ADDITIONAL DOCUMENTATION

Please ensure the following items are included with your membership request.

- ☐ A current signed Position Description (PD) is attached.
- ☐ A signed statement from HR Director, Commissioner, CEO or their designees.
- ☐ A former signed Position Description (PD), if applicable.
- ☐ Any forms required by agency policy, if applicable.

SUMMARY OF JOB

Describe the employee's work and how the job has changed since the last signed Position Description, including any new, modified, or removed duties.

INTERACTION WITH INCARCERATED PERSONS, PATIENTS, OR CLIENTS

Summarize the nature and frequency of the employee's direct or indirect interaction with incarcerated persons, patients, or clients.

COMPARISON TO SIMILARLY SITUATED POSITIONS

Describe how this position compares to other similarly situated positions (e.g., similar duties, level of responsibility, classification, or interaction with incarcerated persons, patients, or clients), and note any material differences.

CERTIFICATION

By signing below, the employee and supervisor certify that the information provided in this form is accurate and complete.

Employee Signature

Date (mm/dd/yyyy)

Supervisor Signature

Date (mm/dd/yyyy)