Texas Department of Criminal Justice
DISMISSAL RECOMMENDATION AND ACTION

Employee Name: _____ SSN: _____
Last First MI

PLEASE CONSIDER THE ATTACHED REPRIMAND AND DISMISSAL RECOMMENDATION FOR THE ABOVE EMPLOYEE.

FROM: _____ _____
Printed Name of Reprimanding Authority Signature and Date

THROUGH: OFFICE OF THE GENERAL COUNSEL (OGC) _____ DATE RECEIVED

OGC COMMENTS ARE ATTORNEY-CLIENT PRIVILEGED AND ARE NOT SUBJECT TO DISCLOSURE. OGC WILL PROVIDE COMMENTS ON A CONFIDENTIAL MEMORANDUM.

_____ _____
Printed Name Signature and Date

THROUGH: HUMAN RESOURCES DIRECTOR _____ DATE RECEIVED _____ CONCUR _____ NON-CONCUR

(COMMENTS):

_____ _____
Printed Name Signature and Date

THROUGH: APPROPRIATE AGENCY OFFICIAL _____ DATE RECEIVED _____ CONCUR _____ NON-CONCUR

(COMMENTS):

_____ _____
Printed Name Signature and Date

THROUGH: DEPUTY DIRECTOR REVIEW _____ DATE RECEIVED _____ CONCUR _____ NON-CONCUR

(COMMENTS):

_____ _____
Printed Name Signature and Date

THROUGH: EXECUTIVE, DEPUTY EXECUTIVE, APPROPRIATE DIVISION DIRECTOR, OR EEO-DAO ACTION

_____ DATE RECEIVED
_____ DISMISSAL APPROVED
_____ IN LIEU OF DISMISSAL, THE FOLLOWING DISCIPLINARY ACTION IS IMPOSED:
_____
_____ DISAPPROVED. NO DISCIPLINARY ACTION WILL BE IMPOSED

_____ _____
Printed Name Signature and Date

TO: Disciplinary Specialist, Employee Relations, Human Resources Division (Coordinate Distribution)

NOTICE TO EMPLOYEE: You are hereby advised that you may appeal this action in accordance with PD-30, "Employee Grievance Procedures."