

**Texas Department of Criminal Justice
Expiration of Leave without Pay Notification**

Employee Name			Date
Last	First	MI	mm/dd/yyyy
Employee Social Security Number:			
Employee Mailing Address			
Street or P.O. Box	City	State	Zip Code

Attached is a copy of the electronic payroll transaction which indicates your leave without pay has expired. If you are able to return to TDCJ employment at a later date, application should be made through the Employment Section, Human Resources Division.

If you are eligible for continuation of your health insurance coverage through the provisions set forth by the Consolidated Omnibus Budget Reconciliation Act (COBRA), the Employees Retirement System of Texas (ERS) will mail information relating to this option to your home address. If you have any questions regarding your COBRA continuation rights, you should contact the ERS at 1-877-275-4377.

HUMAN RESOURCES REPRESENTATIVE:

Name (Printed)

Signature

() _____
Phone Number

Date (mm/dd/yyyy)

Attachment(s)

Distribution:

Original - Employee

Copy - Employee Unit or Department Human Resources File, Payroll Section