

**Texas Department of Criminal Justice**  
**TIME LIMIT EXTENSION**

\_\_\_\_\_

Date

\_\_\_\_\_

Grievance Number

TO:

\_\_\_\_\_

Grievant's Name

\_\_\_\_\_

Job Title

\_\_\_\_\_

Unit or Department

An extension of \_\_\_\_\_ calendar days from \_\_\_\_\_, the date your grievance response was originally due, is required to further investigate your grievance.

The new response due date is \_\_\_\_\_. Please sign below and return this form to my office by \_\_\_\_\_.

FROM:

\_\_\_\_\_

Responding Authority's Name

\_\_\_\_\_

Job Title

\_\_\_\_\_

Signature

\_\_\_\_\_

Unit or Department

c: Intake Officer

If applicable, Certified Mail Receipt Number: \_\_\_\_\_

\_\_\_\_\_

Grievant's Signature

\_\_\_\_\_

Date

**Note to Employee: With few exceptions, you are entitled upon request: (1) to be informed about the information the TDCJ collects about you; and (2) under Texas Government Code §§ 552.021 and 552.023, to receive and review the collected information. Under Texas Government Code § 559.004, you are also entitled to request, in accordance with TDCJ procedures, that incorrect information the TDCJ has collected about you be corrected.**