

**Texas Department of Criminal Justice
Request for Multiple Employments
(Type or Print in Black Ink)**

TDCJ EMPLOYEE INFORMATION

Name: _____ **Month/Day of Birth:** _____
Last First MI

TDCJ Job Title: _____ **Unit/Department:** _____

Salary Group/Pay Rate: _____

FLSA Exempt **or FLSA Non-Exempt** **(Check One)** **Full-Time** **or Part-Time** **(Check One)**

TDCJ Regular Work Days and Hours: (Indicate AM or PM) _____

Description of TDCJ job duties: _____

SECONDARY EMPLOYMENT INFORMATION

Agency Name: _____

Physical Location: _____

Position Applied For: _____ **Proposed Starting Date:** _____
(mm/dd/yyyy)

Work Days and Hours: (Indicate AM or PM) _____

FLSA Exempt **or FLSA Non-Exempt** **(Check One)** **Full-Time** **or Part-Time** **(Check One)**

Length of Proposed Employment: From: _____ **To:** _____ **Estimated Work Hours Monthly:** _____
(mm/dd/yyyy) (mm/dd/yyyy)

Estimated Monthly Salary: _____ **Description of job duties with secondary employer:** _____

CERTIFICATION

The proposed multiple employment shall not interfere with the performance of my TDCJ duties. I understand that a person employed by more than one state agency or institution of higher education may not receive benefits from the state that exceed the benefits provided for one full-time employee. I further understand that TDCJ shall not be responsible for overtime compensation if the time worked for TDCJ combined with the time worked for the secondary employer results in eligibility for overtime compensation. The secondary employer shall be responsible for such overtime compensation. I have read PD-81 which sets forth the requirements of Texas Government Code Chapter 667.

If this request is approved and either my current TDCJ job or my secondary job changes, a new request shall be required and shall be submitted.

Employee Signature _____ **Date (mm/dd/yyyy)**

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.

SECONDARY EMPLOYER APPROVALS

Supervisor Name: _____

Title: _____

Address: _____

Telephone Number: (____) _____
area code

E-mail Address: _____

Supervisor Signature: _____

Date: (mm/dd/yyyy)

Human Resources Representative: _____

Name: _____

Title: _____

Address: _____

Telephone Number: (____) _____
area code

E-mail Address: _____

Human Resources Representative Signature: _____

Date: (mm/dd/yyyy)

TDCJ APPROVALS

Warden or Department Head Recommend: Approval Disapproval

Comments: _____

Warden or Department Head Printed Name

Warden or Department Head Signature

Date: (mm/dd/yyyy)

Division Director Conflict of interest between the two jobs? Yes No

Comments: _____

Division Director or Designee Printed Name

Division Director or Designee Signature

Date: (mm/dd/yyyy)

Human Resources Director Recommend: Approval Disapproval

Comments: _____

Human Resources Director or Designee Printed Name

Human Resources Director or Designee Signature

Date: (mm/dd/yyyy)