

Texas Department of Criminal Justice
SHIFT ASSIGNMENT FORM

Name: _____ Month/Day of Birth: _____
Please Print: Last First MI (mm/dd)

Unit of Assignment: _____ Position: _____

Date of Selection: _____
(MM/DD/YYYY)

Date Completed Sergeant, Food Service, and Laundry Manager Academy: _____
(Add to training database) (MM/DD/YYYY)

Date of Shift Assignment: _____ Assigned Shift: First Second Third
(MM/DD/YYYY)

Warden Signature

Date (MM/DD/YYYY)

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.

Form Distribution: Original - Human Resources Representative's File
Copy – Employee