

Texas Department of Criminal Justice
HAZARDOUS DUTY LOG
MONTH/YEAR _____

Employee Name: _____
First MI Last

Job Number: _____

Month/Day of Birth: _____
(mm/dd)

Department: _____

DATE	BEGINNING CONTACT TIME	ENDING CONTACT TIME	TOTAL TIME*	WORK LOCATION	EXPLAIN DIRECT OFFENDER/DEFENDANT CONTACT
Total Monthly Time					

*Number of hours spent in direct offender/defendant contact. Does not include casual contact or travel time unless responsible for the transportation and custody of offenders during travel. 50% contact on a monthly basis is 80 work hours. To ensure accurate calculations, an entry should be recorded for every workday. Offender contact shall be clearly documented.

EMPLOYEE'S SIGNATURE: _____

SUPERVISOR'S SIGNATURE: _____
(Supervisor's signature indicates accuracy of reported information.)

PRINTED NAME: _____
First MI Last

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.