

**Texas Department of Criminal Justice  
EMERGENCY RESPONSE 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 \_\_\_\_\_

NO EMERGENCY RESPONSE FOR THIS MONTH

\*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.

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.