Texas Department of Criminal Justice
Request for ALOP-Continuing Education

I. To be completed by the employee:

Employee Name: _____ SSN: _____

Please Print: Last First MI

Payroll Title: _____ Unit/Dept.: _____

1. I certify that I meet the following eligibility criteria:

_____ a) I am currently a full-time employee, and I have been employed with the Texas Department of Criminal Justice (TDCJ) in a full-time position for at least 12 continuous months.

_____ b) I have completed 12 hours of course credits from a college or university accredited by an organization recognized by the Council for Higher Education Accreditation (CHEA) or the United States Department of Education (USDE) within the previous 12-month period and achieved a minimum 3.0 grade points in each course. **(Attach proof of college course completion and grade points for each class. College or university accreditation may be verified through the CHEA website at http://www.chea.org/ or the USDE website at http://www.ed.gov/.)**

_____ c) I am not currently on disciplinary probation and have not been on disciplinary probation at any time within the previous 12-month period or while attending the college courses being used to meet this criteria.

_____ d) Within the previous 12-month period, I have not been awarded eight hours of ALOP-Continuing Education.

_____ e) Within the current fiscal year (September 1 – August 31), I have not received more than 24 hours of ALOP for other demonstrations of outstanding performance.

2. I certify all the information provided by me in connection with this request is true and complete.
3. I authorize representatives from the college or university I attend(ed) to verify enrollment and transcript information to the TDCJ with regard to courses completed. I release all such representatives from all liability from any damages which may result from furnishing the requested information to the TDCJ. I further release the TDCJ from all liability from any damages which may result from furnishing this form to the college or university representatives.

_____ _____

Employee's 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 Tex. Gov't Code §§ 552.021 and 552.023, to receive and review the collected information. Under Tex. Gov't 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.

II. HUMAN RESOURCES REPRESENTATIVE:

I certify that this employee ☐ meets ☐ does not meet (check one) the eligibility criteria listed in Section I of this request and the employee's current annual performance evaluation indicates a minimum rating of "somewhat exceeds standards" in all areas of the evaluation, including the supervisory functions area if the employee is a supervisor. The employee's performance evaluation shall be dated within the previous 12-month period from the date of the request.

Printed Name	Signature	Date (mm/dd/yyyy)

WARDEN/DEPARTMENT HEAD

Printed Name	Signature	Date (mm/dd/yyyy)

DIVISION DIRECTOR

Printed Name	Signature	Date (mm/dd/yyyy)

HUMAN RESOURCES DIRECTOR

Printed Name	Signature	Date (mm/dd/yyyy)

EXECUTIVE DIRECTOR

Printed Name	Signature	Date (mm/dd/yyyy)

Instructions: Upon executive director's signature, return request to employee's warden or department head.
Distribution: Original – Unit or Department Employee Human Resources File - Activity Section; Copy - Employee