

**Texas Department of Criminal Justice
Standard or Supplemental Employment Discrimination Training
Employee Acknowledgment Form**

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

I hereby acknowledge that on this date I have attended the Standard or Supplemental Employment Discrimination Training provided by the TDCJ, which included viewing the *Executive Director's Statement on Illegal Discrimination, Equal Employment Opportunity Training and Advisory Council on Ethics* training video.

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 - Employee's Master Human Resources File