Texas Department of Criminal Justice

CONDITION OF EMPLOYMENT AS RELATED TO EMERGENCY RESPONSES

Requirement to Report to Work in Emergency Situations: In an emergency situation that presents an immediate or potential threat to public safety as determined by a warden or department head, it is mandatory that the following **essential** staff (see definitions below) report to work:

1) correctional officers and correctional officer supervisors;
2) parole officers and parole supervisory staff; and
3) staff necessary to support emergency operations.

Employees may be required to work overtime, have work schedules changed, have days off cancelled, and be temporarily reassigned to a different work location. If an employee is absent based on a claim of illness or injury on a day or days the employee was required to report to duty during an emergency response situation, the employee may be required to furnish a health care provider's statement within 15 calendar days after the employee returns to work, in accordance with the guidelines in PD-46, "Medical and Parental Leave."

Mandatory evacuation orders given by local or state officials, for example, anticipated landfall of a hurricane, do not relieve employees from the requirement to report to work as required by their assigned daily schedule card or as directed by a supervisor in emergency situations.

Failure to report to duty or remain on duty may result in disciplinary action up to and including dismissal from employment.

"Essential Employee" is an employee receiving hazardous duty pay and necessary to support emergency operations as determined by a warden or department head. On a limited case-by-case basis, some longevity pay employees may be determined essential by a warden or department head. Longevity pay employees must be provided notice that they are essential prior to a foreseeable emergency, or given adequate response time after notice for a spontaneous emergency event.

"Non-Essential Employee" is an employee receiving longevity pay and not considered necessary to support emergency operations as determined by a warden or department head.

CERTIFICATION: I certify that I have read, understood, and agreed to this Condition of Employment.

EMPLOYEE:

Printed Name: _____ Month/Day of Birth: _____
Last First MI mm/dd

Signature: _____ Date: _____
mm/dd/yyyy

SUPERVISOR:

Signature: _____ Title: _____ Date: _____
mm/dd/yyyy

Ensure the employee's name and month and day of birth are printed above. If employee refuses to sign this Condition of Employment, indicate "refused to sign" on the Employee signature line. Ensure that the employee is informed of this form's contents and made aware that the employee is still expected to report to work in emergency situations, to include mandatory evacuations. Further, ensure the employee is aware that non-compliance may result in disciplinary action up to and including dismissal from employment.

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.

Original to unit or department file

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