

**Texas Department of Criminal Justice  
Request for Household Goods Move**

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**I. Employee requesting assistance with household goods move:**

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
(Print) Last First MI  
Month/Day of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
(mm/dd) (mm/dd/yyyy)  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(Current Street Address)  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(If Different From Street Address)  
Personal Telephone: (\_\_\_\_\_) Current Unit or Department Location: \_\_\_\_\_  
Area Code  
Transferring To: \_\_\_\_\_ Reason: \_\_\_\_\_  
(Unit or Department)  
Future Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(If Known)

**Employee Acknowledgement: I certify that I have read and am familiar with PD-61, "Household Goods Move," and that I am eligible for TDCJ assistance in moving household goods as provided for therein.**

\_\_\_\_\_  
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.

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**II. Losing unit or department human resources representative:**

- \_\_\_\_\_ A) Employee has at least six months of employment with the state of Texas.  
\_\_\_\_\_ B) Employee meets the following criteria for  reassignment **or**  closing or reduction in force (check one).

**Reassignment:**

- \_\_\_\_\_ 1) Employee's reassignment is considered to be of a permanent nature.  
\_\_\_\_\_ 2) Employee's reassignment is required by the TDCJ to meet staffing requirements.  
\_\_\_\_\_ 3) Employee is being reassigned from one designated headquarters to another designated headquarters of the TDCJ, to include a unit.  
\_\_\_\_\_ 4) Employee's reassignment serves the best interests of the state.  
\_\_\_\_\_ 5) Distance between the employee's current and future designated headquarters is at least 25 miles.

**Closing or Reduction in Force:**

- \_\_\_\_\_ 1) Employee's unit or office is being closed or undergoing a reduction in force.
- \_\_\_\_\_ 2) Employee has accepted a position at another designated headquarters that is at least 25 miles from the unit or office being closed or undergoing a reduction in force.

**I certify that this employee  meets  does not meet (check one) the eligibility criteria for TDCJ assistance in moving household goods.**

Name: \_\_\_\_\_ Telephone No.: (\_\_\_\_\_) \_\_\_\_\_  
 (Print) Last First MI Area Code

\_\_\_\_\_  
 Signature Date (mm/dd/yyyy) Fax No.: (\_\_\_\_\_) \_\_\_\_\_  
 Area Code

If all eligibility criteria are met, forward to the appropriate division director or designee. If all eligibility criteria are not met, return to requesting employee.

**III. Division Director or Designee (from the losing division if new position is with a different division):**

Request for household goods move using TDCJ transportation assets is:  Approved  Disapproved

Reason for disapproval: \_\_\_\_\_

Name: \_\_\_\_\_  
 (Print) Last First MI Signature Date (mm/dd/yyyy)

**IV. Manufacturing, Agribusiness and Logistics Director or Designee:**

Request for household goods move using TDCJ transportation assets is:  Approved  Disapproved

Reason for disapproval: \_\_\_\_\_

\_\_\_\_\_  
 Print Name  
 \_\_\_\_\_  
 Signature Date (mm/dd/yyyy)

**DISTRIBUTION AFTER COMPLETION BY THE MANUFACTURING, AGRIBUSINESS AND LOGISTICS DIRECTOR:**

- Original: Manufacturing, Agribusiness and Logistics Director
- Copy: Losing human resources representative (provide one copy to requesting employee and place one copy in the employee's unit or department human resources file - miscellaneous section)