

**Texas Department of Criminal Justice
Expiration of Suspension Without Pay Notification**

Employee Name			Date
Last	First	MI	(mm/dd/yyyy)
Employee Month/Day of Birth			
Employee Mailing Address			
Street or P.O. Box	City	State	Zip Code

Attached is a copy of the electronic payroll transaction that indicates your leave without pay has expired. If your charges are resolved at a later date, application should be made through the Employment Section, Human Resources Division. Rehire will be subject to a management "no rehire" review.

If you are eligible for continuation of your health insurance coverage through the provisions set forth by the *Consolidated Omnibus Budget Reconciliation Act (COBRA)*, the Employees Retirement System of Texas (ERS) will mail information relating to this option to your home address. If you have any questions regarding your COBRA continuation rights, you should contact the Employees Retirement System of Texas at 1-877-275-4377.

HUMAN RESOURCES REPRESENTATIVE

Name (printed)

Signature

Phone Number

Date

Attachment(s)

Distribution:

Original – Employee

Copy – Employee’s Unit or Department Human Resources File, Payroll