

**Texas Department of Criminal Justice
Veterans Health Administration Leave**

Under Tex. Gov't Code § 661.924, Medical And Mental Health Care Leave For Certain Veterans, a veteran may be granted up to 15 days of administrative leave to obtain medical or mental health care administered by the Veterans Health Administration of United States Department of Veterans Affairs.

I. To be completed by the employee:

Employee Name: _____ Payee ID: _____
 (Please Print:) Last First MI
 Payroll Title: _____ Unit/Dept.: _____

Current Veterans Health Administration Leave Balance	From: (Date & Time)	To: (Date & Time)

Documentation attached to support medical or mental health care under a program administered by the Veterans Health Administration of the United States Department of Veterans Affairs.

I certify all the information provided by me in connection with this request is true and complete.

 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. SUPERVISOR:

 Printed Name Signature Date (mm/dd/yyyy)

III. HUMAN RESOURCES REPRESENTATIVE:

I certify that I have reviewed the information and the employee meets eligibility requirements.

 Printed Name Signature Date (mm/dd/yyyy)

IV. WARDEN or DEPARTMENT HEAD:

 Printed Name Signature Date (mm/dd/yyyy)

V. HUMAN RESOURCES DIRECTOR: **Approved** **Disapproved**

 Printed Name Signature Date (mm/dd/yyyy)

Distribution: Original – Unit or Department Employee Medical File; Copy - Employee