

Date received by
Labor Relations

Texas Department of Criminal Justice
Recommendation for Administrative Separation

Employee Name: _____ SSN: _____
Last First MI

Payroll Job Title: _____ Unit/Dept.: _____

The specific reason for administrative separation as listed in the List of Reasons for Administrative Separation (e.g., 4a – “Failure to Meet Conditions of Employment” - Driver’s License Suspension):

Appropriate documentation to support the reason for administrative separation attached to this form? ☐ Yes ☐ No

Description/summary of the facts justifying administrative separation:

WARDEN/DEPARTMENT HEAD or ADA COORDINATOR:

Printed Name: _____ Signature: _____
Last First MI Date (mm/dd/yyyy)

HUMAN RESOURCES SECTION DIRECTOR: ☐ EMPLOYMENT ☐ LABOR RELATIONS ☐ EMPLOYEE SERVICES

DATE RECEIVED: _____ CONCUR _____ NON-CONCUR _____

(COMMENTS)

Printed Name: _____ Signature: _____
Last First MI Date (mm/dd/yyyy)

HUMAN RESOURCES DIRECTOR: DATE RECEIVED: _____ CONCUR _____ NON-CONCUR _____

(COMMENTS)

Printed Name: _____ Signature: _____
Last First MI Date (mm/dd/yyyy)

DEPUTY EXECUTIVE DIRECTOR OR APPROPRIATE DIVISION DIRECTOR: DATE RECEIVED: _____

APPROVED _____ DISAPPROVED _____

(COMMENTS)

Printed Name: _____ Signature: _____
Last First MI Date (mm/dd/yyyy)

Distribution:

Original or Fax: Labor Relations Section, Human Resources Division
Approved Form: Employee and Employee Master Human Resources File