

Texas Department of Criminal Justice
TIME LIMIT EXTENSION

_____ Date

_____ Grievance Number

TO:

_____ Grievant's Name

_____ Job Title

_____ Unit/Department

An extension of _____ calendar days from _____, the date your grievance response was originally due, is required to further investigate your grievance.

The new response due date is _____. Please sign below and return this form to my office by _____

FROM:

_____ Responding Authority's Name

_____ Job Title

_____ Signature

_____ Unit/Department

c: Intake Officer

(If applicable, Certified Mail Receipt Number: _____)

_____ Grievant's Signature

_____ Date

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.