

**Texas Department of Criminal Justice
Notification of a Protective Order**

Date: _____
(mm/dd/yyyy)

Time: _____ a.m. p.m.

Employee's Name: _____
Last First MI

Month/Day of Birth: _____
(mm/dd)

Unit or Department: _____

Title: _____

The above named employee provided notification of placement under a protective order on the date and time listed above, which was or was not within 48 hours of the court providing the employee with oral notice or a copy of the protective order. The employee provided the information listed below and: (1) provided a copy of the protective order to me; or (2) will provide a copy of the protective order upon receipt from the court.

Reason(s) for reporting protective order:

1. Employee is required to carry or required to have the ability to carry a firearm, such as a correctional officer or parole officer.

The protective order does does not prohibit the employee from using or possessing a firearm.

2. Employee is named as a respondent in a protective order that has the potential to otherwise affect the employee's performance of job-related duties, such as a protective order was filed by another TDCJ employee.

If 2 is checked and, if applicable, name of other TDCJ employee who filed protective order: _____

Name of the jurisdiction or authority: _____ City and County: _____ State: _____

Nature of the protective order: _____

Date and time protective order received by employee: _____ Date: _____ Time: _____ a.m. p.m.
(mm/dd/yyyy)

Supervisor's Printed Name

Title

Supervisor's Signature

Employee is Required to Carry or Required to Have the Ability to Carry a Firearm:

(If the protective order prohibits the use or possession of a firearm, you must receive permission to return to work from the warden, department head, regional director, division director, parole section director, or designee.)

"If the protective order prohibits the use or possession of a firearm, I have provided my immediate supervisor with a court order that dismissed or removed the protective order."

Employee's Signature

Date (mm/dd/yyyy)

Employee is Named as a Respondent in a Protective Order that Otherwise has the Potential to Affect Performance of Duties:

You must receive permission to return to work from the warden, department head, regional director, division director, parole section director, or designee.

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 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, incorrect information the TDCJ has collected about you be corrected.

Distribution:

Original: Employee's Unit or Department Human Resources File (Activity Section)

Copy: Warden, Department Head, Regional Director, Division Director, or Parole Section Director

Copy: Employee