

Texas Department of Criminal Justice

SHIFT ASSIGNMENT FORM

Name: _____ Month/Date of Birth: _____
Please Print: First MI Last (mm/dd)

Unit of Assignment: _____ Position: _____

Date of Promotion: _____ (Attach a copy of Selection Notice)
(MM/DD/YYYY)

Date Completed Sergeants Academy: _____ (Add to Training Database)
(MM/DD/YYYY)

Date of Shift Assignment: _____
(MM/DD/YYYY)

Assigned Shift: First Second Third

Warden Signature

Date (MM/DD/YYYY)

Employee Signature

Date (MM/DD/YYYY)

Note to Employee: With few exceptions, you are entitled upon request: (1) to be informed about the information the Agency collects about you; and (2) under Sections 552.021 and 552.023 of the Government Code, to receive and review the collected information. Under Section 559.004 of the Government Code, you are also entitled to request, in accordance with the Agency's procedures, that incorrect information the Agency has collected about you be corrected.

Distribution:
Original - Human Resources Representative's File
Copy - Sergeant