Texas Department of Criminal Justice

Standard or Supplemental Employment Discrimination Training

Employee Acknowledgment Form

2017

Employee Month/Day of Birth:_____ **Unit/Department:**_____
mm/dd

Employee Name:_____
(Please Print) Last First MI

I hereby acknowledge that on this date I have attended the Standard or Supplemental Employment Discrimination Training provided by the TDCJ, which included viewing the ***Executive Director's Statement on Illegal Discrimination, Equal Employment Opportunity Training*** and ***Advisory Council on Ethics*** training video, 2017.

_____ _____
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 the TDCJ's procedures, that incorrect information the TDCJ has collected about you be corrected.

Form Distribution:
Original - Employee's Master Human Resources File