

**Texas Department of Criminal Justice  
Request for Additional Information/Recertification**

Employee Name				Date
Last	First	MI		(mm/dd/yyyy)
Employee Mailing Address				Month/Day of Birth
Street or P.O. Box	City	State	Zip Code	(mm/dd)

Attached is a copy of the certification TDCJ received on \_\_\_\_\_ in support of your request for leave.  
mm/dd/yyyy

The information provided was not complete for certification. Additional information is needed to determine if your leave request can be approved.

Specific information needed to make the certification complete and sufficient:

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The original family medical leave (FML) certification has expired. A recertification is required.

You must furnish this additional information or recertification within 15 calendar days of the date of this notification which will be: \_\_\_\_\_.  
mm/dd/yyyy

If you do not furnish this information, your leave may be denied and you may be disciplined in accordance with PD-22, "General Rules of Conduct and Disciplinary Action Guidelines for Employees," if you have returned to work, or separated in accordance with PD-24, "Administrative Separation," if you are still in a leave status.

**HUMAN RESOURCES REPRESENTATIVE:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Signature date: \_\_\_\_\_  
mm/dd/yyyy

Date Mailed: \_\_\_\_\_  
mm/dd/yyyy

**If signed in person:**

Employee Signature: \_\_\_\_\_ 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, that incorrect information the TDCJ has collected about you be corrected.**