

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
REQUEST FOR ADDITIONAL INFORMATION OR RECERTIFICATION**

Date: _____

Name: _____ Payee ID: _____

Address: _____ Leave Began: _____

City State Zip: _____

Attached is a copy of the certification the TDCJ received on _____ in support of your request for leave.

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

___ The certification is missing a description associated with the injury or illness.

___ The certification is needing to support your dates of absence:

___ _____ through _____

___ _____ to current

___ _____, _____, _____

___ The certification provided is missing the signature of the health care provider or authorized individual.

___ The certification is missing required contact information for the health care provider (name of provider or facility, address, phone number).

___ The certification is missing the type and duration of assistance required, and projected date that assistance will no longer be required for your family member.

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

___ Have made verbal contact with the employee to request recertification (only selected when recertification is completed verbally).

You must furnish this additional information or recertification by: _____.

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: _____

Signature: _____ Signature Date: _____

Date Mailed: _____ HR Rep Initials

If signed in person:

Employee Signature: _____ 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.

Copy: Unit or Department Medical File

LTR 592 (01/22)