

Texas Department of Criminal Justice

PERS 185

Determination Form

Employee Information

Printed Name	Payee ID Number	Job Title	Unit/Division
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Conduct Official Information

Printed Name: _____ Job Title: _____

Section I: Findings

1st Violation Number: _____ Violation Title: _____

Summary of Incident(s):

Violated within Active Period

Violated on Probation

Reevaluate

Substantiated

Unsubstantiated

If unsubstantiated, no action is needed. Progressive corrective action or training is recommended.
If reevaluated or unsubstantiated, provide justification:

2nd Violation Number: _____ Violation Title: _____

Summary of Incident(s):

Violated within Active Period

Violated on Probation

Reevaluate

Substantiated

Unsubstantiated

If unsubstantiated, no action is needed. Progressive corrective action or training is recommended.
If reevaluated or unsubstantiated, provide justification:

Section II: Reevaluated Findings

New Violation Number: _____ New Violation Title: _____

Lower or Same – Proceed with conduct review and provide justification for reevaluation.

Justification:

Higher – Immediately conclude the conduct review and proceed with rescheduling.

Substantiated

Unsubstantiated

If unsubstantiated, no action is needed. Progressive corrective action or training is recommended.
If unsubstantiated, provide justification:

Routing: Refer to PD-21 Procedures Section IV.F.1. or PD-22 Procedures Section V.F.1.

Section III: Disciplinary Action			
<input type="checkbox"/> Probation	Number of Months:	Effective Date:	End Date:
<input type="checkbox"/> Suspension Without Pay	Number of Days:	Effective Date:	Return Date:
<input type="checkbox"/> Reduction In Pay	Number of Months: <input type="checkbox"/> 3.4% <input type="checkbox"/> 6.8%	Effective Date:	End Date: <input type="checkbox"/> 10.2%
<input type="checkbox"/> Demotion	Demoted To Position:	Salary Group:	Effective Date:
<input type="checkbox"/> Dismissal Recommendation			

Section IV: Deviation Justification	
The selected disciplinary action is:	<input type="checkbox"/> Above Guidelines <input type="checkbox"/> Below Guidelines
Justification:	

Section V: Acknowledgement	
Conduct Review Conclusion Date:	
Conduct Official Acknowledgement	Signature Date
I confirm that I have been advised about the procedures for disciplinary actions and my right to file a grievance. I acknowledge that I have received a copy of this determination and understand that the original will be placed in my master human resources file.	
Employee Acknowledgement	Signature Date
Refusal to Sign Date:	
Neutral Third-Party Printed Name	Signature

Section VI: Technical Review	
<input type="checkbox"/> In Compliance	
<input type="checkbox"/> Not in Compliance	
<input type="checkbox"/> Not in compliance due to reassessment of disciplinary action. Counter recommendation:	
<input type="checkbox"/> Not in compliance due to mischaracterized violation – proceed with rescheduling. New Violation Number: New Violation Title: Justification:	
<input type="checkbox"/> Other:	
Disciplinary Specialist	Printed Name Signature Date
Conduct Official	<input type="checkbox"/> Concur with the counter recommendation. <input type="checkbox"/> Non-concur with the counter recommendation. Signature Date
Mary Babcock Human Resources Director	<input type="checkbox"/> Concur with the conduct official's recommendation. <input type="checkbox"/> Concur with the disciplinary specialist's counter recommendation. Signature Date

Routing: Refer to PD-21 Procedures Section IV.F.1. or PD-22 Procedures Section V.F.1.