

Texas Department of Criminal Justice

PERS 186

Dismissal Recommendation

After thorough review and consideration, it is recommended this employee be dismissed from their position. This recommendation is supported by the findings outlined in the attached determination form and substantiated by the accompanying disciplinary documentation. Please review all attached materials to fully understand the basis for this recommendation and to ensure all relevant factors have been considered.

Employee Information

Printed Name	Payee ID Number	Job Title	Unit/Division
--------------	-----------------	-----------	---------------

Section I: Findings

<input type="checkbox"/> Substantiated	Alleged Violation Number:	Violation Title:
<input type="checkbox"/> Substantiated	Alleged Violation Number:	Violation Title:
Printed Name: Conduct Official		Signature: Signed Date:

Section II: Office of the General Counsel Review – For violations with an active period of five years or life of personnel file.

OGC COMMENTS ARE ATTORNEY-CLIENT PRIVILEGED AND ARE NOT SUBJECT TO DISCLOSURE. OGC WILL PROVIDE COMMENTS ON A CONFIDENTIAL MEMORANDUM

Printed Name: OGC Official	Received Date:	Signature: Signed Date:
-------------------------------	----------------	----------------------------

Section III: Leadership Review

Mary Babcock Human Resources Director	Received Date: <input type="checkbox"/> Concur <input type="checkbox"/> Non-Concur	Signature: Signed Date:
Printed Name: TDCJ Official*	Received Date: <input type="checkbox"/> Concur <input type="checkbox"/> Non-Concur	Signature: Signed Date:
Printed Name: Deputy Division Director	Received Date: <input type="checkbox"/> Concur <input type="checkbox"/> Non-Concur	Signature: Signed Date:

Section IV: Leadership Final Approval

<input type="checkbox"/> The dismissal recommendation is approved.
<input type="checkbox"/> The dismissal recommendation is not approved. No disciplinary action will be imposed.
<input type="checkbox"/> The dismissal recommendation is not approved. In lieu of the dismissal recommendation, the following disciplinary action will be imposed:

APPROVAL MUST BE OBTAINED FROM ONE OF THE FOLLOWING AS OUTLINED IN THE DISCIPLINARY POLICY.

Printed Name: Division Director	Received Date:	Signature: Signed Date:
Printed Name: Chief Officer	Received Date:	Signature: Signed Date:
Bobby Lumpkin Executive Director	Received Date:	Signature: Signed Date:

Routing: Refer to PD-21 Procedures Section V. C. or PD-22 Procedures Section VI.C.

*Refer to PD-35, "Independent Dismissal Mediation and Dispute Resolution."