

Texas Department of Criminal Justice Family Leave Pool Application for Withdrawal

NAME: _____ PAYEE ID: _____
 Please Print: Last First MI
 MONTHS TDCJ SERVICE SINCE
 UNIT OR DEPT: _____ MOST RECENT HIRE DATE: _____
 POSITION TITLE: _____ SALARY GROUP: _____
 EMAIL: _____

1. Date Family Leave Pool Request to begin:
 Initial Request: _____ First Subsequent Request: _____ Second Subsequent Request: _____
2. Number of hours contributed to family leave pool this fiscal year (eight-hour increments for full-time employees and four-hour increments for part-time employees): _____
3. Number of hours requested from family leave pool: _____
4. Withdrawal:
 Request withdrawal due to:
 Birth of a child; or
 Placement of a foster child or adoption of a child under 18 years of age; or
 Placement of any person 18 years of age or older requiring guardianship; or
 Serious illness to Immediate Family Member or Employee, including a pandemic-related illness; or
 Extenuating circumstance created by an ongoing pandemic, including providing essential care to a family member.
5. Applicable documentation is attached.

 Employee 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.

Employee meets employment eligibility criteria and the PERS 210, Family Leave Pool Application for Withdrawal, is being forwarded to the family leave pool administrator for further consideration of the employee's or immediate family member's medical condition:

 Warden, Department Head, or Designee's Signature Date (mm/dd/yyyy)

A total of _____ hours have been approved based on eligibility and applicable documentation.

The request has been Approved Denied.

Unused hours shall be returned to the family leave pool.

The number of hours granted at this time are _____ (240 maximum)

 Family Leave Pool Administrator Signature Date (mm/dd/yyyy)

Subsequent Request	Applicable Documents Attached	Approved	Denied	Hours Granted (240 Maximum)	Pool Administrator Initials	Date
First						
Second						

DISTRIBUTION:

Original: Employee Master Human Resources File

Copy: Employee Unit or Department Medical File (Sick Leave Section)

Copy: Employee