Texas Department of Criminal Justice

Request for Independent Dismissal Mediation

TO: Texas Department of Criminal Justice
Employee Relations, Human Resources Division
2 Financial Plaza, Suite # 600
Huntsville, TX 77340-3561
(936) 437-3110

I have been recommended for dismissal, and I am requesting a review of the circumstances through independent dismissal mediation. I understand the following: **(Please initial each item.)**

____ My cost for the independent dismissal mediation session is $50. I am required to submit a cashier's check or money order in the amount of $50 made payable to the TDCJ.

____ I am responsible for ensuring that this form and the $50 cashier's check or money order are received by the TDCJ at the address listed above within 15 calendar days from the date of the cover letter informing me of the independent dismissal mediation option.

____ The $50 payment **shall be reimbursed** to me if the dismissal recommendation is overturned or voided as a result of the independent dismissal mediation session, and no alternative punishment is specified.

NAME: _____
Please Print: Last First MI

MONTH/DAY OF BIRTH (mm/dd): _____

MAILING ADDRESS: _____

_____
City State Zip Code

PERSONAL PHONE NUMBER: **( )** _____
Area Code

ALTERNATE PHONE NUMBER: **( )** _____
Area Code

EMAIL ADDRESS: _____

_____ _____
Employee's 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.

DISTRIBUTION: Return original to Employee Relations at the address at the top of this form.