TEXAS DEPARTMENT OF CRIMINAL JUSTICE

Notification of Nepotism Violation

Related Employees				
Supervisor	**Name:**			**Payee ID Number:**
	Please Print: Last	First	MI	
	Job Title:			**Unit/Dept:**
Subordinate Employee	**Name:**			**Payee ID Number:**
	Please Print: Last	First	MI	
	Job Title:			**Unit/Dept:**

In accordance with PD-26, "Nepotism," employees who are related shall not be assigned to positions where one is the immediate supervisor of or in the chain of supervision for the other.

The work assignments for you and your relative are in violation of PD-26, "Nepotism." A job change is necessary to comply with the provisions of PD-26. You and your relative have 90 calendar days from the date you receive this notification to resolve this conflict by: (1) requesting and receiving a lateral transfer, voluntary demotion, shift change, or reassignment; (2) applying for and receiving a promotion; or (3) taking other appropriate action to resolve the violation, such as voluntary resignation.

If you and your relative do not resolve this conflict within 90 calendar days, the TDCJ will resolve the matter by involuntarily transferring or administratively separating you or your relative. If an involuntary transfer is necessary, the needs of the TDCJ will determine which individual will be transferred. If no other solution is acceptable, the individual with the least seniority, calculated as total months of TDCJ employment, will be used to determine which individual will be administratively separated from employment.

Your cooperation is appreciated. Please provide me with a written notification of your decision by: _____
(mm/dd/yyyy)

If you have any questions, please contact me or your human resources representative.

Warden or Department Head:

_____ _____
Printed Name and Title Signature and Date (mm/dd/yyyy)

Employee's Acknowledgement of Receipt:

I acknowledge receipt of this notification, and I understand the actions that are required to resolve the nepotism violation.

_____ _____
Printed Name Signature and 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.**

Copy: Unit or Department Human Resources File - Activity Section