Date received by
Employee Relations

Texas Department of Criminal Justice
Recommendation for Administrative Separation

Employee Name: _____ Payee ID: _____
Last First MI

Payroll Job Title: _____ Unit or Dept.: _____

The specific reason for administrative separation as listed in the List of Reasons for Administrative Separation, such as 3a – "Failure to Meet Conditions of Employment" - Driver License Suspension:

_____

Appropriate documentation to support the reason for administrative separation attached to this form? ☐ Yes ☐ No

Description or summary of the facts justifying administrative separation:

_____

_____

WARDEN or DEPARTMENT HEAD:

Printed Name: _____ Signature: _____
Last First MI Date (mm/dd/yyyy)

HUMAN RESOURCES SECTION DIRECTOR: ☐ EMPLOYMENT ☐ EMPLOYEE RELATIONS ☐ EMPLOYEE SERVICES

DATE RECEIVED: _____ CONCUR _____ NON-CONCUR _____

(COMMENTS)

Printed Name: _____ Signature: _____
Last First MI Date (mm/dd/yyyy)

HUMAN RESOURCES DIRECTOR: DATE RECEIVED: _____ CONCUR _____ NON-CONCUR _____

(COMMENTS)

Printed Name: _____ Signature: _____
Last First MI Date (mm/dd/yyyy)

DEPUTY EXECUTIVE DIRECTOR OR APPROPRIATE DIVISION DIRECTOR: DATE RECEIVED: _____

APPROVED _____ DISAPPROVED _____

(COMMENTS)

Printed Name: _____ Signature: _____
Last First MI Date (mm/dd/yyyy)

Distribution:
Original or Fax: Employee Relations, Human Resources Division
Approved Form: Employee and Employee Master Human Resources File