

Texas Department of Criminal Justice
NOTIFICATION OF UNSCHEDULED USE OF LEAVE PATTERN

(Note to supervisor: This form is only to be used when requiring documentation for future absences because there is a pattern of unscheduled use of leave based on claims of injury or illness.)

Employee Name: _____ **Payee ID**
Last First MI **Number:** _____

During the previous three-month period, your employee time reports indicate a pattern of unscheduled use of leave based on claims of injury or illness that were not certified as family and medical leave (FML) and were not supported by a health care provider's statement (HCPS). The dates of unscheduled leave and the description of the pattern are documented below.

In accordance with sound business practices and in order to ensure correct use of sick leave, you will be required for the next 180 calendar day period, from _____ to _____, to obtain an HCPS for any absences based on a claim of injury or illness regardless of the length of absence. Failure to furnish such statements to your supervisor for each absence that is based on a claim of injury or illness during this 180 calendar day period will result in disciplinary action. A statement must be provided in accordance with the applicable procedures in this directive.

Dates of Unscheduled Use of Leave

The dates of unscheduled use of leave may be less than nine dates. If more than nine dates, attach a list of the additional dates.

Description of Unscheduled Use of Leave Pattern

Human Resources Representative: I confirm that the documented dates of unscheduled use of leave were not certified as FML or were not supported by an HCPS.

Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

Warden or Department Head Signature: _____ **Date:** _____

I have read and received a copy of this Notification and understand that a copy of this notification will be placed in my unit or department medical file.

Employee's Signature: _____ **Date:** _____

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:
Original - Employee Unit or Department Medical File
Copy - Employee