

**Texas Department of Criminal Justice  
Veterans Health Administration Leave**

**Under Texas Government Code § 661.924, Medical And Mental Health Care Leave For Certain Veterans, a veteran may be granted up to 15 days of administrative leave to obtain medical or mental health care administered by the Veterans Health Administration of the United States Department of Veterans Affairs.**

**I. To be completed by the employee:**

Employee Name: \_\_\_\_\_ Payee ID: \_\_\_\_\_  
 (Please Print:) Last First MI  
 Payroll Title: \_\_\_\_\_ Unit/Dept.: \_\_\_\_\_

Current Veterans Health Administration Leave Balance	From: (Date & Time)	To: (Date & Time)
_____	_____	_____

Documentation attached to support medical or mental health care under a program administered by the Veterans Health Administration of the United States Department of Veterans Affairs.

I certify all the information provided by me in connection with this request is true and complete.

\_\_\_\_\_  
 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.

**II. SUPERVISOR:**

\_\_\_\_\_  
 Printed Name Signature Date (mm/dd/yyyy)

**III. HUMAN RESOURCES REPRESENTATIVE:**

I certify that I have reviewed the information and the employee meets eligibility requirements.

\_\_\_\_\_  
 Printed Name Signature Date (mm/dd/yyyy)

**IV. WARDEN or DEPARTMENT HEAD:**

\_\_\_\_\_  
 Printed Name Signature Date (mm/dd/yyyy)

**V. HUMAN RESOURCES DIRECTOR:**  **Approved**  **Disapproved**

\_\_\_\_\_  
 Printed Name Signature Date (mm/dd/yyyy)

Distribution: Original – Unit or Department Medical File; Copy – Employee