

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

Inter-Office Communications

TO: Human Resources DATE: 11-2-10

FROM: Celeste Bourland SUBJECT: Letter of Resignation

Effective 11-2-10, I resign my position as COPI with the Texas Department
(mm/dd/yyyy) (position title)
of Criminal Justice. My last physical day to work will be 10-21-10. I have checked the box that
(mm/dd/yyyy)
most closely represents the reason for my resignation.

- | | |
|--|---|
| <input type="checkbox"/> Inadequate salary | <input type="checkbox"/> Working hours |
| <input type="checkbox"/> Lack of opportunity for advancement | <input type="checkbox"/> Dislike/unsuitability for assigned duties |
| <input type="checkbox"/> Dissatisfaction with supervisors or coworkers | <input type="checkbox"/> Transfer to different State Agency |
| <input type="checkbox"/> Travel | <input checked="" type="checkbox"/> Personal reasons not related to the job |

My initials below indicate how to handle my leave accruals. I have also been advised that if I am utilizing more than three consecutive days of time, I must complete a PERS 24, Leave Request.

Leave	Initials	Options:
Sick	<input checked="" type="checkbox"/>	Hold for 1 year, then forfeit
	<input checked="" type="checkbox"/>	Donate to Sick Leave Pool (Complete PERS 205)
Vacation	<input checked="" type="checkbox"/>	Lump sum payment
	<input type="checkbox"/>	Deferral - use portion/all (Warden/Department Head approval required)
Overtime	<input checked="" type="checkbox"/>	Lump sum payment
	<input type="checkbox"/>	Deferral - use portion/all (Warden/Department Head approval required)
Holiday	<input checked="" type="checkbox"/>	Use prior to separation date
Comp	<input checked="" type="checkbox"/>	Use prior to separation date

My forwarding address for any future correspondence related to my employment with TDCJ, which may include any monies owed to me, is:

_____ Mailing Address _____

_____ City _____ State _____ Zip Code _____

_____ Area Code _____ Telephone Number _____