

## Tuberculosis and Hansen's Disease Branch

### NOTICE OF CHANGE in TB PERSONNEL

(To be completed only when there is a change in personnel or personnel information) Submit no later than the 5th day of each month

Submit to: [TBProgram@dshs.texas.gov](mailto:TBProgram@dshs.texas.gov)

Date:

Local Health Department/Health Service Region:

Person Completing Form:

Phone Number:

**Check all that apply:**

<input type="checkbox"/> New Hire	<input type="checkbox"/> Name Change	<input type="checkbox"/> Contractor/Temp.
<input type="checkbox"/> Transfer	<input type="checkbox"/> Promotion	<input type="checkbox"/> Resignation
<input type="checkbox"/> Reclassification	<input type="checkbox"/> Retirement	<input type="checkbox"/> Termination
<input type="checkbox"/> Other (Specify):		

**Select the appropriate drop down to ADD or DELETE access to a TB database. New employees will receive instructions on how to request access to the selected databases. To remove an employee, instructions will be provided to the TB Program Manager.**

Globalscape:	NTIP:	TB GIMS:
THISIS:	ITEAMS:	Labware:
FedEx:	Accurint*:	EDN:

**\*Select a maximum of two employees for each regional or local TB Program.**

**PERSONNEL INFORMATION: \*All fields are required. Indicate NA if not applicable.**

*Employee's Name Listed on Payroll:	*Supervisor's Name:	*Supervisor's Email:
*Work Address:	*Employee's Phone Number:	*Employee's Email:
*Position Title:	*Effective Date:	*New Monthly Salary:
First or Last Physical Date on Duty:	Summary of Duties:	If replacing a vacant position, please list previous employee's name:
Percent Paid by Federal TB Funds:	Percent Paid by State TB Funds:	Percent Paid by Local Funds: