

Tuberculosis and Hansen's Disease Unit

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

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:	NEDSS:	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: