

County _____

Date _____

Submit information by the 5th of each month

Information required pursuant to Government Code §511.0102

Required Information

Total Number of Licensed Jailer Positions When Fully Staffed

(Facilities that use part-time jailers should take an annual average of part-timers used and add to full-time jailers)

Number of Licensed Jailers Who Left Employment
During Reporting Period

(Left employment is defined as terminations, reduction in force, resignations, retirements, transfers)

Optional Information

Number of Still-Vacant Positions Already Reported

Number of New Hires since Last Reporting Period

I certify that the above information is complete and accurate:

Sheriff's Signature

Telephone Number

Typed Name

Date

Report prepared by: (print or type)

Telephone Number

Form may be submitted via fax @ (512) 463-3185 or via email to will.turner@tcjs.state.tx.us