



TEXAS HOUSE OF REPRESENTATIVES
HOUSE BUSINESS OFFICE

Steven D. Adrian, CPA, CGFM
steven.adrian@house.texas.gov

P.O. Box 2910
Austin, Texas 78768-2910
Phone: 512-463-0835
Fax: 512-463-0747

February 19, 2024

Ken Martin
The Austin Bulldog
2028 E. Been White Blvd
Austin, TX 78741

Dear Mr. Martin:

The House Business Office received your request for public information dated February 15, 2024. The request asks for the following:

Pursuant to the Texas Public Information Act (TPIA), Chapter 552, Texas Government Code, which guarantees the public's access to information in the custody of government agencies, I request that you promptly ("as soon as possible, under the circumstances, that is, in a reasonable time, without delay") provide me with a copy of the:

Personnel File of Douglas Jeffrey Greco, former legislative aide to State Representative Gina Hinojosa

We have searched our files thoroughly in the House Business Office. Attached please find the records that are responsive to your request.

If you have any questions or need additional information, feel free to contact me.

Sincerely,
Steven D. Adrian
Executive Director

PERSONNEL ACTION REQUEST

(Please type all information)

SSN: _____ EMPLOYEE NAME: Douglas Greco

REQUESTED BY: Member/Manager Rep. Gina Hinojosa Member Acct. No. 5852
Committee/ Department _____ Acct. No. _____

TYPE OF ACTION:

- Hire
- Re-Hire
- Inter-Agency Transfer In/Out _____ Agency Name _____
- Termination Date: 02/01/18 (Last Day Worked)
- Salary Change
- Account Change (Employee Transfer)
- Time Schedule Change
- Pay for Hours _____
- Hours Docked _____
- Leave Without Pay (LWOP)
- LWOP Start _____ Mo. / Day / Year
- LWOP Stop _____ Mo. / Day / Year
- Address Change: _____

Phone: _____

EMPLOYEE STATUS:

- Employee Type:
- Full Time (40 hrs. Week)
 - Part Time (____ hrs. Week)
 - Hourly _____ No. Hours Worked _____
 - Session Employee
 - Regular Employee
 - Other _____
- Location:
- District Office
 - Capitol Office

Rate of Pay: Monthly \$ \$6,666.67 Longevity \$ _____ Hourly \$ _____

Effective Date: 02/01/18 Title Chief of Staff

Complete the following if paid from two Accounts:

_____ \$ _____
Member/Committee/Department

_____ \$ _____
Member/Committee/Department

[Signature]
Signature: Member/Committee Chairman/Director

Date

HBO USE ONLY: (Complete the following for Departmental Employees)

Salary Change Reason _____

Longevity Amount \$ _____ Group _____ Step _____

Annual Leave Hours _____ Minutes _____

PERSONNEL USE ONLY:

Processed in Personnel 1/26/18 Date BGM Officer

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PERSONNEL

PERSONNEL ACTION REQUEST

(Please type all information)

SSN: _____

EMPLOYEE NAME: DOUGLAS GRECO

REQUESTED BY: Member/Manager REPRESENTATIVE GINA HINOJOSA Member Acct. No. 5852

* Committee/ Department _____ Acct. No. _____

TYPE OF ACTION:

- Hire
- Re-Hire
- Inter-Agency Transfer In/Out _____ Agency Name _____
- Termination Date: _____ (Last Day Worked)
- Salary Change
- Account Change (Employee Transfer)
- Time Schedule Change
- Pay for Hours _____
- Hours Docked _____
- Leave Without Pay (LWOP)
- LWOP Start _____ Mo. / Day / Year
- LWOP Stop _____ Mo. / Day / Year
- Address Change: _____

Phone: _____

EMPLOYEE STATUS:

- Employee Type:
- Full Time (40 hrs. Week)
 - Part Time (____ hrs. Week)
 - Hourly _____ No. Hours Worked _____
 - Session Employee
 - Regular Employee
 - Other _____
- Location:
- District Office
 - Capitol Office

* Rate of Pay: Monthly \$ ~~XXXXXX~~ #6666 G# Longevity \$ _____ Hourly \$ _____

Effective Date: 1/10/17 NOON Title Chief of Staff

Complete the following if paid from two Accounts:

* Gina Hinojosa _____ \$ _____
Member/Committee/Department

_____ \$ _____
Member/Committee/Department

* Gina Hinojosa
Signature: Member/Committee Chairman/Director

1/7/17
Date

HBO USE ONLY: (Complete the following for Departmental Employees)

Salary Change Reason _____

Longevity Amount \$ _____ Group _____ Step _____

Annual Leave Hours _____ Minutes _____

PERSONNEL USE ONLY:

Processed in Personnel 1/11/17 BGM
Date Officer

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HOUSE ADMINISTRATION
SALARY CAP EXEMPTION FORM

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FEB 06 2017
PERSONNEL

In accordance with Section 4.07(e) of the Housekeeping resolution as adopted by the 85th

Legislature, I Representative Gina Hinojosa hereby request that
(name of member)

Douglas Greco be exempted from the House salary cap for calendar year
(name of exempt employee)


2017. The above named employee will be employed in


Capital Office - Chief of Staff at a salary rate of \$ \$6,666 per month.
(member office or name of the committee you chair) ~~812,000~~

I understand that during a calendar year after an exempt employee has been designated, I may exempt a different employee from the salary cap only if the employee previously designated as exempt for the calendar year is no longer employed in my office or the committee I chair, as appropriate. I also understand the exempt employee may not receive compensation from the operating account of any other committee or member.

Rep Gina Hinojosa
(member's printed name)

2/6/17
(date)


(member's original signature)


(House Administration Chair approval)

(date)

HOUSE ADMINISTRATION
SALARY CAP EXEMPTION FORM

In accordance with Section 4.07(e) of the Housekeeping resolution as adopted by the 85th

Legislature, I Representative Gina Hinojosa hereby request that
(name of member)

Doug Greco be exempted from the House salary cap for calendar year
(name of exempt employee)


2018. The above named employee will be employed in


Rep Hinojosa (D49) at a salary rate of \$ 666,666 per month.
(member office or name of the committee you chair)

I understand that during a calendar year after an exempt employee has been designated, I may exempt a different employee from the salary cap only if the employee previously designated as exempt for the calendar year is no longer employed in my office or the committee I chair, as appropriate. I also understand the exempt employee may not receive compensation from the operating account of any other committee or member.

Gina Hinojosa
(member's printed name)

11/26/18
(date)


(member's original signature)


(House Administration Chair approval)

3/13/18
(date)

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HOUSE OF REPRESENTATIVES APPLICATION FOR EMPLOYMENT

P.O. Box 2910 • Austin, Texas 78768-2910

The Texas House of Representatives is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. In compliance with the Americans with Disabilities Act, if you require reasonable accommodations during the applications process, please call 463-0865.

Date: 1/10/17

1. Full Name: Grew Douglas J Social Security No.: _____
(Last) (First) (Initial)

2. Mailing Address: _____ (Street), _____ (City) _____ (State) _____ (Zip)

3. E-mail Address: _____

4. Home Phone: _____ (Area) _____ Alternate Phone: _____ (Area)

5. Type or title of position for which application is made: Chief of Staff

6. Full Time Part Time
If Part Time show hours available for work:

	MON.	TUE.	WED.	THUR.	FRI.	
A.M.						
P.M.						TOTAL _____

7. What is the earliest work date you will be available? 1/10/16

8. Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? Yes No
If your answer is "Yes", explain in concise detail on a separate page, giving dates and nature of the offense, name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will.*

9. Are any of your relatives either by blood or by marriage employed by the State, the legislature or holding an elected or appointed State office? No Yes If "Yes," complete the following:

Name _____	Name _____
Title _____	Title _____
Department _____	Department _____
Relationship _____	Relationship _____

10. Have you had past legislative experience? No Yes If "Yes," describe work in space provided at item 18 on this application.

11. Enter the cumulative total of all the time you have worked for the House of Representatives. _____ Years _____ Months
Enter the cumulative total of all time you have worked for a State Agency other than the House. _____ Years 6 Months

12. Special Training/Skills/Qualifications/Other languages: List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, types of software and hardware. (Attach additional page if necessary.)

Political organizing
Public Policy
Policy writing

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13. Licenses or certificates, if any _____ Licensing authority _____ Date of expiration _____

14. EDUCATION LEVEL

High School Graduate

Yes No

If not High School Graduate, have you obtained some equivalency such as GED?
If yes give date: _____

Bachelors Degree

Yes No

If yes, give date: _____

Masters Degree

Yes No

If yes, give date: _____

Doctorate Degree

Yes No

If yes, give date: _____

Circle Last Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 (12)
School: St. Carmel High School PA 17857
Name City State Zip

Number of Undergraduate hours completed: 126 hrs.

Fields of Study: (1) Economics

(2) _____

School: Brown University Providence RI
Name City State Zip

Number of Graduate hours completed: 30 hrs.

Fields of Study: (1) Public Policy

(2) _____

School: Princeton New Jersey
Name City State Zip

Number of Graduate hours completed: _____ hrs.

Fields of Study: (1) _____

(2) _____

School: _____
Name City State Zip

15. Are you now a student? Yes No

If you are a law student, give expected graduation date _____

16. BUSINESS AND VOCATIONAL TRAINING

Graduate

Yes No

Apprentice Experience

Trained in: (1) _____

(2) _____

School: _____
Name City State Zip

List any other vocations and or professions in which you have had experience or training.

(1) _____ No. Years/Months _____

(2) _____ No. Years/Months _____

17. List three personal or character references to whom we may refer for information about your character or qualifications. Include no present employers or relatives. Do not include more than one teacher or professor.

	Name	Address	Phone Number	Occupation
1.	<u>Gina Hincjosa</u>	<u>Texas Capital</u>		<u>House Rep.</u>
2.	<u>Kevin Johnson</u>			<u>Controller - Auto Sales</u>
3.	<u>Tom Krichman</u>	<u>Los Angeles CA</u>		<u>Film Producer</u>

EMPLOYMENT RECORD

18. WORK RECORD — Beginning with present or last position held, give history for the "past four years or last four positions" of employment, including military service. May we contact your present employer? Yes No

A Name of employer (firm, organization, etc.) address (include Zip Code) and Phone Number: <i>Texas House of Reps - Gina Hinojosa</i>		
Dates of Employment (month, Year): From <i>1/10/16</i> To <i>Present</i>	Title of Position: <i>Chief of Staff</i>	Salary or Earnings: Starting \$ <i>85,000</i> per Ending \$ _____ per
Type of business or organization: <i>Legislator</i>	Name and title of immediate supervisor: <i>Staff Rep Hinojosa</i>	Number of employees supervised by you, if any: <i>2</i>
Description of duties, responsibilities, accomplishments:		
Reason for leaving: <i>Present</i>		

B Name of employer (firm, organization, etc.) address (include Zip Code) and Phone Number: <i>ONE LA / SCBF Los Angeles, CA 510 375 6524</i>		
Dates of Employment (month, Year): From <i>July 2016</i> To <i>Dec 2016</i>	Title of Position: <i>Senior Organizer</i>	Salary or Earnings: Starting \$ <i>115,000</i> per Ending \$ <i>115,000</i> per
Type of business or organization: <i>Leadership Dev / organizing</i>	Name and title of immediate supervisor: <i>Sr Judy Duncan</i>	Number of employees supervised by you, if any: <i>—</i>
Description of duties, responsibilities, accomplishments:		
Reason for leaving: <i>Took job with Texas House</i>		

C Name of employer (firm, organization, etc.) address (include Zip Code) and Phone Number: <i>Peer Health Exchange Los Angeles 415 684 1234</i>		
Dates of Employment (month, Year): From <i>Apr 2016</i> To <i>July 2016</i>	Title of Position: <i>Exec Director</i>	Salary or Earnings: Starting \$ <i>115,000</i> per Ending \$ _____ per
Type of business or organization: <i>Health Education</i>	Name and title of immediate supervisor: <i>Carney Garcia</i>	Number of employees supervised by you, if any: <i>RECEIVED</i>
Description of duties, responsibilities, accomplishments: <i>JAN 10 2017</i> <i>PERSONNEL</i>		
Reason for leaving: <i>Took on project at ONE LA</i>		

D Name of employer (firm, organization, etc.) address (include Zip Code) and Phone Number: <i>Equality California Los Angeles 562 900 7398</i>		
Dates of Employment (month, Year): From <i>April 2015</i> To <i>April 2016</i>	Title of Position: <i>Director of Programs</i>	Salary or Earnings: Starting \$ <i>90,000</i> per Ending \$ <i>95,000</i> per
Type of business or organization: <i>LGBT Civil Rights</i>	Name and title of immediate supervisor: <i>Rich Zhu - Exec Dir</i>	Number of employees supervised by you, if any: <i>3</i>
Description of duties, responsibilities, accomplishments:		
Reason for leaving: <i>Took job at Peer Health Exchange</i>		

19. (Optional Question) — If you desire to elaborate on any information that bears on your qualifications or that may be helpful in evaluating your application, use this space for your remarks.

Please read the following statements carefully and indicate your understanding and acceptance by signing your name in the space indicated.

20. The information on your application will be kept in our files for ninety (90) days without any further contact from you. However, if at the end of ninety days, you have not been back in touch with us, your application will be purged and you will no longer be considered for employment.

Should you find other employment and are no longer interested in working for the House, please call us.

21. I understand this Employment application does not constitute an offer of employment or an employment contract. The House is an at-will employer so employees may be terminated by either themselves or the employer at any time for any reason or no reason at all, with or without cause or notice.

22. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.

23. I understand that the State of Texas requires all males who are 18 thru 25 and required to register with the Selective Service, to present either proof of registration or exemption from registration upon hire.

24. I hereby certify that this application contains no willful misrepresentation or falsification, and that the information given by me is true and complete to the best of my knowledge and belief. I understand that should investigation disclose any such misrepresentation or falsification, my application will be rejected, and I will be declared ineligible for employment. I authorize any inquiry necessary to acquire information that may have a bearing on my qualifications or background provided such information be disclosed only to those persons responsible for evaluating this application.

Applicant Signature: Agust A Date 1/10/17

PLEASE SIGN YOUR NAME AND BE SURE ALL APPLICABLE QUESTIONS ARE ANSWERED SO THAT YOUR APPLICATION WILL RECEIVE FULL CONSIDERATION.

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*A Conviction does not Constitute an automatic bar to Employment, and the seriousness of the crime and date of conviction will be considered.

Texas House of Representatives

Fax (463-8132)

STATE EMPLOYMENT VERIFICATION

USPS AGENCY

NON-USPS AGENCY

(please check the appropriate box above for your agency)

Employee Information

Employee Name: DOUGLAS JEFFREY GRECO

Social Security Number:

Prior State Service Verification

If prior service has been previously verified, please send copies.

Approximate date(s) of employment:
1/1997 THRU 8/1997

Actual Date of Employment: 4/7/97

Actual Date of Termination: 7/31/97

Actual Date of Employment: / /

Actual Date of Termination: / /

Actual Date of Employment: / /

Actual Date of Termination: / /

Leave Information

Annual Leave balance in hours: _____

Rate of annual leave accrual per month: _____

Sick leave balance in hours: _____

Military leave used in hours: _____

Balances transferred through the month/year of /

Was the employee separated under a formal reduction-in-force policy according to Section 9 of the General Appropriations Act.

Yes No

Insurance Information

	Yes	No	YTD
Tex Flex Health Care?	_____	_____	\$ _____
Tex Flex Dependent Care?	_____	_____	\$ _____

Payroll Information (ONLY Complete if Non-USPS Agency)

Wage Information current yr. through (date) / /

Year to date Employee OASDI withheld: _____

Year to date Employee Medicare withheld: _____

Year to date gross wages: _____

Year to date OASDI/Medicare taxable wages: _____

Did the Employee have:	Yes	No	YTD
BRP Levelling	_____	_____	\$ _____
MetLife	_____	_____	\$ _____
Direct Deposit	_____	_____	\$ _____

(Please include copy of Direct Deposit Authorization Form.)

Print Name of Agency Representative: Ruben Medina Title: HR Specialist

Signature of Agency Representative: Ruben Medina

Agency number(s): 501

Agency Name(s): TEXAS DEPT. OF HEALTH

Phone number: (512) 4246972

Date: 1-19-17

Please keep in mind the information is time sensitive and will be used to provide the individual with prior State of Texas service credit, which could affect his/her vacation and sick leave accruals as well as longevity pay. FAX the completed form to House Payroll Personnel Office at 463-8132.

12/19/16 BLDG



STATE OF TEXAS
HOUSE OF REPRESENTATIVES
ID/Building Access Card Request

Payroll/Personnel, P. O. Box 2910, Austin, TX 78768-2910, (512) 463-0865, (512) 463-8132 FAX, JHR Room 210

Requestor Name: _____ Date of Request: 12/2/16

Office Details

Office: Rep GINA HINOJOSA Account #: _____
Contact Phone #: _____

Employee Details (Please present valid identification along with this form at the time of processing)

First Name: Douglas Middle Initial: Jeffrey Last Name: Greco
Driver's License #: _____ Date of Birth: _____ Social Security #: _____

Card Type: New Employee Card Replacement Card Intern Expiration Date: _____

Reason for requesting a replacement card: _____

Card Access and Authorization (This section must be completed by the employing authority)

	Add	Delete
Walk-in Purchasing/Supply Privileges	<input type="checkbox"/>	<input type="checkbox"/>
Fax/Photocopy Usage Privileges	<input type="checkbox"/>	<input type="checkbox"/>
Building Access	<input type="checkbox"/>	<input type="checkbox"/>

Member/Committee Chair Signature: Gina Hinojosa Date: 1/5/17
Member/Committee Chair Printed Name: _____

I understand that I will not allow anyone to use the card assigned to me. I understand building security monitors use of all access cards, and my card will be confiscated if it is being used by anyone other than me. I will immediately contact both my employer and the Payroll/Personnel Department if my card is lost or stolen.

I agree to return my card to my employer or the Payroll/Personnel Department upon termination of my employment with the House of Representatives.

Knowingly lending your card to a person without official access to the Capitol to allow the person to enter the Capitol without submitting to security, depending on the specific facts, may violate several criminal statutes: 1) criminal trespass (Penal Code § 30.05); 2) tampering with a government record (Penal Code § 37.10); 3) abuse of official capacity (Penal Code § 39.02); and 4) capitol complex security rules (Gov't Code § 411.065).

Signature: _____ Date: 12/12/16

Please report any lost or stolen cards immediately to:
Payroll/Personnel Department
John H. Reagan Building
Room 210
Austin, TX 78701
(512) 463-0865

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CERTIFICATE OF COMPLETION

Texas House of Representatives Employment Discrimination, Sexual
Harassment, and Workplace Violence Training

Douglas Greco

January 24, 2018



Signature

My signature above certifies that I completed this training on the date indicated.

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Upon completion please sign and submit your Certificate of Completion to House Payroll/Personnel, JHR 210.
You can also submit your Certificate of Completion to house.personnel@house.texas.gov, or you may fax to (512)463-8132.



TEXAS HOUSE OF REPRESENTATIVES



New Employee Data

Name: GILCO DOUGLAS J Driver's Lic. #:
(Last) (First) (Initial)

The information requested on this form is collected for the purpose of reporting to state and federal agencies.

Thanks for your help and cooperation.

General Information

Gender: [X] Male [] Female Date of Birth (mm/dd/yyyy):

Marital Status: [X] Single [] Married Name of Spouse:

Ethnic Origin: [X] White [] Black [] Hispanic [] Asian/Pac. Islander
[] American Indian/Alaskan [] Other

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PERSONNEL

Veteran Status

Veteran: [] Yes [X] No Spouse of Veteran: [] Yes [X] No Orphan of Veteran: [] Yes [X] No

If you are Veteran, please complete information below:

Date of enlistment: ___/___/___ Date of discharge: ___/___/___

(It is only necessary to provide information for one qualifying period.)

Indicate the branches in which you served:

[] U.S. Army [] U.S. Air Force [] U.S. Coast Guard [] U.S. Navy [] U.S. Marines

If you served in the auxiliary services, provide name: _____

Were you honorably discharged? [] Yes [] No

OPTIONAL: If you have served less than 90 consecutive days, are you a veteran who was discharged with a service-connected disability? [] Yes [] No.

[Handwritten Signature]

Employee Signature

1/10/17

Date

**Texas House of Representatives
Address and Information Disclosure Form**

Instructions

The information requested below is necessary and will become part of your personnel records. To report a change, please complete only the changed sections.

- Check one: New Employee
 Update Information
 Name Change

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Employee Information

PERSONNEL

Employee Name (Last, First, Middle) Grcco
 Home Address _____
 City, State, and Zip _____
 Phone Number _____
 Social Security Number _____

Emergency Contact Information

Emergency Contact Person's Name _____
 Relationship (i.e., spouse) _____
 Address _____
 City, State, and Zip _____
 Phone Number _____

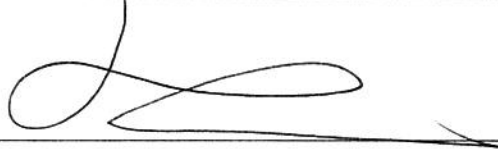
Disclosure of Certain Employee Information

The Public Information Act allows employees, public officials, and former employees and officials to elect whether to keep certain information about them confidential. Unless you choose to keep it confidential, the following information about you may be subject to public release if requested under the Texas Public Information Act. Therefore, please indicate by checking the appropriate column below whether you wish to allow public release of the following information.

Indicate whether you wish to allow public release of the following information.

No = Do Not Allow Public Release Yes = Allow Public Release

	Public Access?	
	No	Yes
Home Address	✓	
Home Telephone Number	✓	
Social Security Number	✓	
Information that reveals whether you have family members	✓	
Emergency Contact Information	✓	



1/16/17

Employee Signature

Date



TEXAS HOUSE OF REPRESENTATIVES



Prior State Employment

Social Security No.: _____

Name: GRECO DOUGLAS J
(Last) (First) (Initial)

Please indicate below whether you have previously been employed by a state agency or state institution of higher education.

State Employment History (Including Higher Education)

None, I have not previously been employed by a state agency or state higher education institution.

<u>Name of Agency or University</u>	<u>Location</u>	<u>Start Date</u>	<u>End Date</u>
<u>Texas Dept of Health</u>	<u>AUSTIN</u>	<u>Jan 1997</u>	<u>Aug 1997</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Have you ever retired from state government? If so, please list the agency and your retirement date.

No, I have not previously retired from state government.

<u>Name of Agency or University</u>	<u>Date of Retirement</u>
_____	_____
_____	_____

I certify that the above information is correct. My signature also allows other state agencies to release information pertaining to dates of employment, salary, leave balances, etc.

Employee Signature

11/10/17
Date

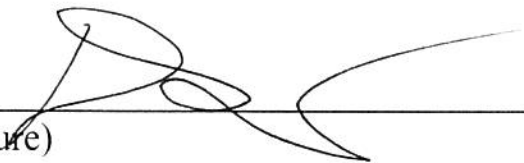
Workers' Compensation Network Acknowledgement

I have received information that tells me how to get health care under workers' compensation insurance.

If I am hurt on the job and live in the service area described in this information, I understand that:

1. I must choose a treating doctor from the list of doctors in the network.
2. I may ask my HMO primary care physician to agree to serve as my treating doctor.
3. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
4. The insurance carrier will pay the treating doctor and other network providers.
5. I might have to pay the bill if I get health care from someone other than a network doctor without network approval.

(Signature)



(Date)

1/10/17

(Printed Name)

DOUGLAS GRELO

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TEXAS HOUSE OF REPRESENTATIVES
Acknowledgment and Receipt


I, DOUGLAS GRECO, affirm the following:
(print name)

1. I acknowledge receipt of the House of Representatives Personnel Manual on Policies and Procedures and understand that it is not a contract of employment and the information provided may need to be changed by the House from time to time. In lieu of a hard copy, I understand the Personnel Manual on Policies and Procedures has been made available online to each employee on the House Administration website.
2. I acknowledge that the Committee on House Administration has given me a copy of the following:
 - Nepotism
 - Subchapter L. Property Accounting, Government Code, Sec. 403.271-Sec. 403.278
3. I am not related within the third degree by consanguinity (blood relationship) or second degree by affinity (relationship by marriage) to a member of the legislature (House or Senate), House Business Office or Legislative Operations.
4. I have received a copy of the following sections of the Government Code:
 - Section 556.004, titled *Prohibited Acts of Agencies and Individuals*
 - Section 556.005, titled *Employment of Lobbyist*
 - Section 556.0055, titled *Restrictions on Lobbying Expenditures*
 - Section 556.006, titled *Legislative Lobbying*
 - Section 556.007, titled *Termination of Employment*
 - Section 556.008, titled *Compensation Prohibition*
 - Section 572.051, titled *Standards of Conduct*
5. I have received a copy of *The Employees Retirement System of Texas Summary Notice of Privacy Practices*.
6. I have received a copy of the information regarding Automatic 401(k) Enrollment.
7. I have received information regarding the worker's compensation notice to new employees.
8. I acknowledge that I have received a copy of the Texas House of Representatives Drug Free Workplace Policy, Workplace Violence Policy, and the Sexual Harassment Policy.
 - I also acknowledge that the provisions of the policies are a part of the terms and conditions of my employment and that I agree to abide by them.
9. I fully understand that I must comply with the requirements of these policies.

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Signature

1/10/17

Date

This signed statement will be placed in the employee's personnel file.