

# TMCEC BOOK LOAN POLICY & REQUEST FORM

## **Policy & Book Loan Processing**

- Complete this form and include a separate **\$100 check (deposited immediately) payable to TMCEC. Your book loan deposit** will remain with TMCEC until all books have been returned.
- A written refund request form (page 2 of this form) must be completed to receive a refund.
- TMCEC will gladly transfer your deposit to each new set of books with proper written notification.
- Books must be returned **within 4 months** from the date of checkout. Failure to return all borrowed books may result in forfeiture of your \$100 deposit.

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Name/Borrower on record/Responsible party

Position

Email

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City representing

Phone

DEPOSIT CHECK #/AMOUNT

( ☐ ) City Check    ( ☐ ) Personal Check

PAYEE – FULL MAILING ADDRESS (city/state/zip)

## **The following books are available for loan:**

### **Part A**

1. Integrity: The Courage to Meet the Demands of Reality
2. The Loudest Duck
3. Emotional Intelligence for the Modern Leader
4. Managing Transitions: Making the Most of Change (2<sup>nd</sup> Edition)

### **Part B:**

1. Applied Strategic Planning: An Introduction
2. Understanding Government Budgets: A Guide to Practices in the Public Service
3. Court Security in the New Millennium: A Time for Change (2023)

### **Part C:**

1. Hiring and Firing: What Every Manager Needs to Know
2. The Complete Guide to Performance Appraisal
3. The 5 Levels of Leadership: Proven Steps to Maximize Your Potential
4. Skills for New Managers
5. Manager's Toolkit: The 13 Skills Managers Need to Succeed

**REQUEST DATE:** \_\_\_\_\_ **RETURN DATE:** \_\_\_\_\_

For TMCEC use only

## **Book Title(s) Requested**

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Your signature below indicates you understand and agree to abide by the TMCEC "Book Loan Policy:"

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Signature

Date

## Level III Book Deposit Refund Request

I do hereby request a refund for my "Book Deposit" which was paid to TMCEC:

Date of check submitted: \_\_\_\_\_ Check # submitted: \_\_\_\_\_

Amount of Check submitted: \$ \_\_\_\_\_

### **Refund Information**

Name of Borrower: \_\_\_\_\_

Primary City Represented: \_\_\_\_\_

Payee's Full Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Position:**

☐ Judge      ☐ Court Administrator      ☐ Court Clerk      ☐ Prosecutor      ☐ Bailiff/Warrant Officer  
☐ Other: \_\_\_\_\_

Email completed form to: [certification@tmcec.com](mailto:certification@tmcec.com)

Forms can also be mailed to:

TMCEC  
2210 Hancock Dr.  
Austin, TX 78756

## For TMCEC Use

### **For use by TMCEC**

I have reviewed the payment records and request the following refund check be cut and remitted as requested above:

Amount: \$ \_\_\_\_\_ TMCEC refund check #: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TMCEC Staff Signature

Printed name

Date