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 in their original condition **within** 4 months from the date of checkout. Failure to return all borrowed books in their original condition may result in forfeiture of your $100 deposit.

_____

Name/Borrower on record/Responsible party | Position | Email

_____

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 (2nd 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 Mangers Need to Succeed

REQUEST DATE: _____RETURN DATE: _____

For TMCEC use only

Book Title(s) Requested

_____

_____

_____

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

_____

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
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