** REQUEST FOR LEAVE ACTION FORM**

## DALLAS COUNTY, TEXAS

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| **EMPLOYMENT INFORMATION** |
| **FULL NAME** |       | **EMPLOYEE NUMBER** |       |
| **DEPT NAME** |       | **DEPT NUMBER** |       |

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| **LEAVE ACTIONS** |
| **Effective** **Date** |  | **Projected End Date** |  | **Return Date** |  |
| **ACTION TYPE** | **FMLA RELATIONSHIP** |
| FMLA – INTERMITTENT |[ ]  EMPLOYEE |[ ]
| FMLA – STANDARD |[ ]  SPOUSE |[ ]
| FMLA – ACTIVE DUTY |[ ]  CHILD |[ ]
| FMLA – INJURED SERVICE MEMBER |[ ]  PARENT |[ ]
| LEAVE OF ABSENCE (LOA) |[ ]  OTHER(fill in) |       |[ ]
| DISCIPLINARY LWOP |[ ]   |  |  |
| MILITARY LEAVE |[ ]   |  |  |

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| **INSURANCE ELECTION****(To Continue Coverage)** |
| **EMPLOYEE** | **DEPENDENT** |
| **TYPE** | **YES (keep)** | **NO (drop)** | **TYPE** | **YES (keep)** | **NO (drop)** |
| HEALTH | N/A | HEALTH |[ ] [ ]
| DENTAL |[ ] [ ]  DENTAL |[ ] [ ]
| VISION |[ ] [ ]  VISION |[ ] [ ]

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| **ADDITIONAL COMMENTS** |



|  |  |  |  |
| --- | --- | --- | --- |
| Department Head orElected Official Signature: |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Director of Human Resources Signature: |  | Date: |  |

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| County Auditor Signature: |  | Date: |  |

AUDITORS USE

Careworks Email – Yes / No