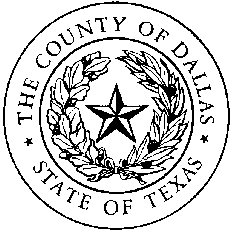
** REQUEST FOR LEAVE ACTION FORM**

## DALLAS COUNTY, TEXAS

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  |  |

|  |
| --- |
| **ADDITIONAL COMMENTS** |



|  |  |  |  |
| --- | --- | --- | --- |
| Department Head or  Elected Official Signature: |  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| County Auditor Signature: |  | Date: |  |

AUDITORS USE

Careworks Email – Yes / No