

REQUEST FOR LEAVE OF ABSENCE

pope Name: Employee's Job Title: Regular Work Schedule: on for Request: (Select one) For the recovery from an illness or disability not believed to be of a permanent or disqualifying nature after the exhaustion of family and medical leave: When return to work would threaten the health of others: When the service to be performed would contribute to the public welfare: To provide necessary care for a family member or designated care recipient as defined in the county's sick leave policy who is ill or incapacitated: To participate in a training program or obtain educational achievement that will increase job ability or qualify an employee for advancement within the county: Start Date (or expected start date): Return Date (or expected return date): Please provide reason(s) for leave checked: Note: A medical reason requires medical documentation indicating the start and expected return of the leave. Prior to your return you will be required to obtain medical clearance from the county's employee health center. Employee Signature: Date: NOTE: Employees assigned to the Dallas County Sheriff's Department must forward this form to Executive Chief Deputy with a copy to his/her immediate supervisor. LEAVE APPROVED LEAVE DENIED Comments:	tment Name:	Department Contact Person:	Telephone Number:
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Received by Department: (Date):

Form HR/CS #30 (05/2017)