



REQUEST FOR LEAVE OF ABSENCE

Department Name:	Department Contact Person:	Telephone Number:
Employee Name:	Employee's Job Title:	Regular Work Schedule:

Reason for Request: (Select one)

<input type="checkbox"/>	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:
<input type="checkbox"/>	When return to work would threaten the health of others:
<input type="checkbox"/>	When the service to be performed would contribute to the public welfare:
<input type="checkbox"/>	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:
<input type="checkbox"/>	To participate in a training program or obtain educational achievement that will increase job ability or qualify an employee for advancement within the county:

Requested Leave Period:

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 the **Executive Chief Deputy** with a copy to his/her immediate supervisor.

_____ LEAVE APPROVED _____ LEAVE DENIED

Comments:

SIGNATURE OF ELECTED OFFICIAL/DEPARTMENT HEAD:

DATE:
