

Dallas County Employee Relations

FORMS

Click on title to download form.

ADA Accommodations Request Form

ADA Medical Release Form

Harassment Incident Report Form

Performance Appraisal Form – Exempt EE

Performance Appraisal Form – Non-Exempt EE

Grievance Form

FAMILY AND MEDICAL LEAVE FORMS

Request for FMLA Leave

FMLA Designation Form

Notice of Eligibility and Rights

Certification of Qualifying Exigency

Certification of Health Care Provider – Family Member

Certification of Health Care Provider – Employee

Certification of Military Service Member

WORK SCHEDULE FORMS (Chapter 82-32)

Flexible Work Hours Request Form

Telecommuting Request Form

Telecommuting Request Form (Short-term)