



City of Dallas

## Request for Mental Health Leave - Provider

According to the Personnel Rules at the City of Dallas, employees who experience a traumatic event during work may be eligible for Mental Health Leave of 40 hours for most employees or 60 hours for employees in the Emergency Response Bureau of Dallas Fire and Rescue.

Please complete the below form and send to [CODEmployeePaidLeave@dallas.gov](mailto:CODEmployeePaidLeave@dallas.gov). This form must be completed by a licensed psychiatrist, or a mental health professional licensed by the Texas State Board of Examiners of Professional Counselors, Texas State Board of Examiners of Psychologists, or the Texas State Board of Social Work Examiners. A separate document can be submitted from the medical provider and attached with this form.

<b>Patient Name and City of Dallas ID #:</b>		<b>Date of Service:</b>	
<b>Provider's Name:</b>		<b>Contact Information:</b>	
<b>Please describe the traumatic event the employee encountered during work and anything else that would relate to the need to take time away from work:</b>			
<p><i>Traumatic Event at the City of Dallas means actual or threatened death, serious injury, or physical abuse, either of one's self or of another, during the employee's scope of employment that is outside the typical experiences of the employee's routine work environment and causes the employee to experience unusually strong emotional reactions or feelings that have the potential to cause lasting adverse effects on their functioning and mental, physical, social, or emotional well-being. A traumatic event does not include routine work-related events or incidents, personality conflicts, or disagreements between or among supervisors or co-workers.</i></p>			
<p><b>I certify that I conducted a mental health exam with the patient named above on the date above and have determined that this patient needs time away from work due to the traumatic event they encountered.</b></p>			
<b>Provider's Title:</b>			
<b>Provider's License Number:</b>		<b>Expiration Date:</b>	
<b>Provider's Signature:</b>		<b>Date:</b>	

*This document contains confidential medical information and will not be included in the employee's Human Resources Personnel File.*