

Request for Mental Health Leave – Employee Form



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. This form must be completed by the employee themselves and requires the employee’s signature. The medical provider form must be submitted as well for the leave request to be processed.

Employee ID #:		Employee Name:	
Date of Request:		Contact Phone #:	
Date of Traumatic Event:		Employee’s Department:	
Supervisor’s Name:		Preferred email to use for this request:	
Sworn/Uniform or Civilian:	<input type="checkbox"/> Sworn <input type="checkbox"/> Civilian	Exempt Status:	<input type="checkbox"/> Exempt (Salary) <input type="checkbox"/> Non-Exempt (Hourly)
Date to Start Leave:		Amount of time requested:	<input type="checkbox"/> 40 hours <input type="checkbox"/> 60 hours (DFR Emergency Response Only) <input type="checkbox"/> Other: _____ (must be less than 40 hours)
Please briefly describe the traumatic event you encountered <u>during work</u> and other information related to the need to take time away from work below.			
<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>			
NOTE: The need for mental health leave must be verified by a licensed psychiatrist or a psychologist. The statement from the psychiatrist or psychologist must be submitted with this request.			
Signature:		Today’s Date:	

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