



City of Dallas

# LEAVE OF ABSENCE REQUEST (UNPAID)

Request is for:      6 weeks      6-13 weeks      13 weeks or more

### Employee Information

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Department: \_\_\_\_\_

### Reason for Request (to be completed by Employee):

Medical Leave

Urgent Personal Business

Illness in Family

Educational Leave

Other

### Please provide additional information about request:

Leave of Absence Requested from: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Dates of Absence

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Signature

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
HR Partner Signature\*

Employee Eligible:      Yes      No

### Executive Use Only

#### APPROVAL/DENIAL

Approved Leave from: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Approved Dates

Denied: \_\_\_\_\_  
Reason

City of Dallas, 1100 Marilla Street, Dallas, TX 75201-2709, Phone: 214-742-2000, Fax: 214-742-2001, Email: hr@cityofdallas.com

Approved (up to 6 weeks): \_\_\_\_\_ Date: \_\_\_\_\_  
Department Director Signature

Approved (6-13 weeks): \_\_\_\_\_ Date: \_\_\_\_\_  
HR Director Signature

Approved (13 weeks or more): \_\_\_\_\_ Date: \_\_\_\_\_  
City Manager Signature

\*HR Partner will send a copy of this request to the FMLA mailbox when they receive notice of the approval/denial.