



EMERGENCY LEAVE APPLICATION FORM

DEC (REGULATION)

Emergency leave includes, but is not limited to, unforeseen natural disasters or destruction of a vehicle or domicile by flood, fire, or storm involving the employee or a member of the employee's family. Employees may be granted up to three paid days of emergency leave by the Benefits Review Committee, depending on the circumstances. The days will not be deducted from the employee's time off. Additional days of absence will result in a deduction of accumulated time off.

Employee Name:	Employee ID:	Employee Cell Phone Number:
Title:	Campus/Dept:	
Supervisor:	Next Level Supervisor (Executive Director or above):	
Employee's Home Street Address:		Personal Email:
City:	State:	Zip:
Leave Request: (e.g. MM/DD/YYYY)		Last Day Worked: (e.g. MM/DD/YYYY)
From:	to	
<p>Please state the purpose of this leave request in the space below. The reason must meet the Emergency Leave Guidelines, per DEC (REGULATION). You may attach an additional page if you feel you need more space.</p>		
EMPLOYEE'S SIGNATURE (Must Sign to Proceed with Leave Request)		DATE (e.g. MM/DD/YYYY)

Please Email to: benefitsreviewcommittee@dallasisd.org