



HARDSHIP APPLICATION FORM

DEC (REGULATION)

Hardship leave may be granted by the Benefits Review Committee. This type of leave may be granted only if the employee is not eligible for or has exhausted any other leave (e.g., FMLA leave, temporary disability leave, general medical leave, or workers' compensation). Requests must be submitted, with appropriate documentation, to the Benefits Department within 15 days in advance. Leave may be paid if the employee has available time off. Hardship leaves may be granted up to 20 business days in a school year. An extension of an additional 20 business days may be granted by the BRC with proper documentation, for a total of 40 days per school year.

Employee Name:	Employee ID:	Personal Phone Number:
Personal Email: 		
Employee's Home Street Address: 		
City:	State:	Zip:
Leave Request: (e.g. MM/DD/YYYY) 		
Start Date:		End Date:
Please state the purpose of this leave request in the space below. The reason must meet the Hardship Leave Guidelines, per DEC (REGULATION). You may attach an additional page if you feel you need more space.		
☐ Pay Election: Please Check One ☐ Paid Leave: I verify that I am requesting to use any Local and State days that I currently have available to use. I acknowledge that if my leave is approved, my leave will be paid until I have used all available days. If I am still on leave when all available days have been used, my remaining leave will be without pay. ☐ Unpaid Leave: I verify that I am requesting to NOT USE any Local and State days that I currently have available to use. I acknowledge that if my leave is approved, my leave of absence will be without pay, and the effective date of my unpaid leave will begin with the payroll period following my request.		
EMPLOYEE'S SIGNATURE _____ DATE: (e.g. MM/DD/YYYY) _____		

HUMAN CAPITAL MANAGEMENT ADMINISTRATION ONLY

DATE (e.g. MM/DD/YYYY)

DECISION: APPROVE _____ DENY _____ PENDING _____

Please Email to: benefitsleaves@dallasisd.org

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