



## Mental Health Leave Request Form

The City of Frisco provides paid leave for up to five (5) workdays (40 hours) or three (3) 24-hour shifts (for personnel on a 24/28 shift schedule), per occurrence, for Eligible Employees who encounter a traumatic experience while on the job, as defined in the City of Frisco’s Mental Health Leave Policy.

Procedures:

1. Leave must be taken in consecutive workdays or shifts and cannot be taken intermittently. Additionally, full workdays or shifts must be taken and not partial.
2. An Eligible Employee wanting to utilize Mental Health Leave will code absences as Sick in the time keeping system.
3. As soon as possible, the Eligible Employee must submit a completed Mental Health Leave Form to his/her Supervisor or Director. Upon receipt of a written Mental Health Leave request, the Designated Administrators will review the request and if approved, they will notify Human Resources by emailing the form to [LOA@friscotexas.gov](mailto:LOA@friscotexas.gov).

**Deadline: An Eligible Employee has 15 calendar days from the start of leave to submit a Mental Health Leave Request Form.**

4. Once an employee’s Mental Health Leave Request Form is received and approved in accordance with the City of Frisco’s Mental Health Leave Policy, Human Resources will coordinate with Payroll to credit back an employee’s sick leave balance with the amount of leave taken, not to exceed 5 workdays (40 hours) or three (3) 24-hour shifts (for personnel on a 24/28 shift schedule).

### Employee and Leave Information

**EMPLOYEE NAME:** \_\_\_\_\_ **EMPLOYEE ID:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_ **SUPERVISOR:** \_\_\_\_\_

**LEAVE START DATE:** \_\_\_\_\_ **LEAVE END DATE:** \_\_\_\_\_ **TOTAL HOURS:** \_\_\_\_\_

*I certify that the information above is correct. I understand that falsifying information is a violation of*

For HR Only

Date Received: \_\_\_\_\_

***City of Frisco policy and could lead to disciplinary action up to and including termination. I understand and acknowledge that the City/department will keep requests to take mental health leave and any medical information related to mental health leave under this policy confidential, in accordance with applicable state or federal laws and regulations. Any request for mental health leave by an Eligible Employee shall be treated as strictly confidential by all parties involved and shall not be discussed or disclosed outside the Eligible Employee's immediate chain of command, and only as necessary to facilitate the use of the leave. Any officer or supervisor who becomes aware of behavioral changes and suggests an Eligible Employee seek mental health leave shall not discuss that matter with any third party. Any breach of this confidentiality shall be grounds for discipline. Confidentiality may be waived by the Eligible Employee seeking mental health leave. I understand, acknowledge, and consent that confidentiality may be waived under circumstances which indicate the Eligible Employee is a danger to himself or herself or others and department personnel must confer with mental health professionals, in accordance with applicable state and federal laws and regulations. Information will be kept separate from the Eligible Employee's general personnel file and will only be shared with those entitled to access in accordance with state and federal laws and regulations. The City cannot guarantee anonymity of information that is otherwise public or necessary to carry out the City's duties in accordance with applicable state and federal laws and regulations.***

**EMPLOYEE SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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