



# LEAVE REQUEST DOMESTIC VIOLENCE SITUATIONS

Name (Printed): \_\_\_\_\_

School/Department: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Domestic Violence Leave Policy allows for the use of up to three (3) days of leave in any twelve (12) month period if an employee, or a family or household member is the victim of domestic or sexual violence. The employee shall be required to have exhausted all annual or vacation leave, personal leave, and sick leave prior to utilizing this leave. **Documentation of the act of domestic or sexual violence must accompany this request form.**

In accordance with the Domestic Violence Leave Policy, I am requesting leave in order to:

Seek protection against domestic violence or an injunction for protection in cases of repeat violence, dating violence, or sexual violence;

Obtain medical care and/or mental health counseling for the employee or a family or household member to address physical or psychological injuries resulting from domestic or sexual violence;

Obtain services from a victim-services organization, including, but not limited to, a domestic violence shelter or program or a rape crisis center as a result of the act of domestic or sexual violence;

Secure his/her home from the perpetrator of domestic or sexual violence or to seek new housing to escape the perpetrator;

Seek legal assistance in addressing issues arising from the act of domestic or sexual violence or to attend and prepare for court-related proceedings arising from the act of domestic or sexual violence.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\*\*\*\*\*Site Verification\*\*\*\*\*

I, as site administrator, verify that I have reviewed the attached documentation and taken the following action:

Approve Request

Deny Request

\_\_\_\_\_  
School/Department Administrator Signature

\_\_\_\_\_  
Date