

## CERTAIN CRIMES VICTIMS LEAVE

### Employee Leave Checklist:

#### STEP 1: INFORMATION TO READ AND REVIEW

- Domestic Violence, Harassment, Sexual Assault or Stalking Protections Employee Rights Notice

#### STEP 2: COMPLETE LEAVE REQUEST FORM

- Victims of Certain Crimes Leave Request Form – complete and return to HR

#### STEP 3: CERTIFICATION

- Provide HR with a copy of a document from law enforcement, the court system, a police report or restraining order, a letter or other document from an attorney, counselor, domestic violence or sexual assault victim service provider, a health care professional, or a clergy member

Examples include:

1. Copy of a police report indicating that I or my minor child or dependent was a victim of domestic violence, sexual assault or stalking.
2. Copy of a protective order or other evidence from a court or attorney that I or my minor child or dependent appeared in or was preparing for a civil or criminal proceeding related to domestic violence, sexual assault or stalking.
3. Documentation from an attorney, law enforcement, health care professional, licensed mental health professional or counselor, member of the clergy or a victim services provider that I or my minor child or dependent was undergoing treatment or counseling, obtaining services, or relocating as a result of domestic violence, sexual assault or stalking.

#### STEP 4: LEAVE AND LEAVE BENEFITS

- Complete your FMLA/OFLA Attendance Record/Leave Tracking Form and your Employee



# CERTAIN CRIMES VICTIMS LEAVE

## Leave Application Form

**Employee Name:**

**Employee ID#:**

**Job Title:**

**Department:**

**Supervisor Name:**

### Request for Leave

**A. I am requesting a leave of absence from through for the following reason(s) (check all that apply):**

- I am a victim of domestic violence, harassment, sexual assault or stalking.
- My minor child or dependent is a victim of domestic violence, harassment, sexual assault or stalking.

Please specify: \_\_\_\_\_ (name) \_\_\_\_\_ (relationship)

**B. My leave will be used (check all that apply):**

- To seek legal or law enforcement assistance or remedies to ensure my own health and safety or the health and safety of my minor child or dependent, including preparing for and participating in protective order proceedings or other civil or criminal legal proceedings related to domestic violence, harassment, sexual assault or stalking.
- To seek medical treatment for or to recover from injuries caused to me or my minor child or dependent as a result of domestic violence, harassment, sexual assault or stalking.
- To obtain counseling from a licensed mental health professional related to my own or my minor child or dependent, as a result of domestic violence, harassment, sexual assault or stalking.
- To obtain services from a victim services provider for myself or for my minor child or dependent.
- To relocate or take steps to secure a home to ensure health and safety for myself or for my minor child or dependent.

**C. I am requesting a:**

- Full-time leave from \_\_\_\_\_ to \_\_\_\_\_

• Intermittent (occasional days or hours of leave taken) which is anticipated to look like:

\_\_\_\_\_ hour(s) per day



## CERTAIN CRIMES VICTIMS LEAVE

day(s) per week

day(s) per month

- Reduced-schedule leave, schedule will reflect:

hour(s) per day

day(s) per week

day(s) per month

**D. Anticipated Return-to-work date:**

**E. Contact information during leave:**

Personal email:

Mailing Address:

Phone:

Employee Signature \_\_\_\_\_