

Domestic Violence Leave Application

The Washington State Domestic Violence Law (RCW 49.76) allows victims of domestic violence, sexual assault or stalking to take reasonable or intermittent leave from work – paid or unpaid – to take care of legal or law enforcement needs or get medical treatment, social-services assistance or mental-health counseling. Family members of a victim may also take reasonable leave to help the victim obtain treatment or seek help.

Employee Certification

Employee Name (print): _____ WWU Employee ID# _____
Relationship of person in need of assistance (if not employee): _____

I certify that myself or my family member is a victim of domestic violence, sexual assault, or stalking and I am requesting leave for that purpose.

Please indicate type of leave requested:

- Full-time Leave: From (date) _____ To (date) _____
- Reduced Schedule Leave: From (date) _____ To (date) _____
Proposed schedule: _____
- Intermittent Leave: From (date) _____ To (date) _____
Proposed frequency of leave: _____

Employee's signature: _____ Date _____

Verification

One of the following is to be provided with the application for verification purposes. Documentation will be strictly maintained in a confidential manner by Human Resources.

- Police Report
 Court Order/Order of Protection
 Professional Assistance Verification (complete section below or attach separate statement)

I certify that I am a professional assisting the above named employee or his/her family member who is a victim of domestic violence, sexual assault, or stalking.

- I agree with the employee's stated need for leave above; or
 I anticipate this employee will need the following type of leave from work:

Name (Print): _____ Title: _____

Signature: _____ Date: _____

Organizational Affiliation: _____

- I am unable to provide documentation at this time.

HR Approval

Leave approved (if different from above): _____ Leave denial reason _____

HR signature: _____ Date: _____