



Centennial School District No. 28Jt.
REQUEST FOR DOMESTIC VIOLENCE LEAVE
CODE: GCBDC/GDBDC-FORM

By my signature below, I certify that I am a victim of domestic violence, sexual assault, or stalking or am the parent or guardian of a minor child or dependent who is a victim of domestic violence, sexual assault, or stalking. I am seeking leave for one of the following purposes:

- _____ To seek legal and law enforcement assistance or remedies to ensure the health and safety of the employee or the employee's minor child or dependent, including preparing for an participating in protective order proceedings or other civil or criminal legal proceedings related to domestic violence, sexual assault, or stalking.
- _____ To seek medical treatment for or to recover from injuries caused by domestic violence, sexual assault, or stalking of the eligible employee or the employee's minor child or dependent.
- _____ To obtain, or to assist a minor child or dependent in obtaining, counseling from a licensed mental health professional related to an experience of domestic violence, sexual assault, or stalking.
- _____ To obtain services from a victim services provider for the eligible employee or the employee's minor child or dependent.
- _____ To relocate or take steps to secure an existing home to ensure the health and safety of the eligible employee or the employee's minor child or dependent.

I offer the following document(s), which I have attached, (if I do not have these documents, I will promptly deliver them to HR upon receipt) as certification of the need for this leave:

- _____ A copy of a police report indicating that I or my minor child or dependent was a victim of domestic violence, sexual assault, or stalking.
- _____ A copy of a protective order or other evidence from a court or attorney that I appeared in or was preparing for a civil or criminal proceeding related to domestic violence, sexual assault, or stalking.
- _____ Documentation from an attorney, law enforcement officer, health care professional, licensed mental health professional or counselor, member of the clergy, or 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.

_____ I have worked for the district an average of 25 hours per week for at least 180 days immediately before the date for the requested leave.

_____ If I am seeking this leave as a parent or guardian, the name and relationship of the minor child or dependent is:

Date(s) to be absent: to

Times to be absent: to

Substituted Required: Yes No

Employee Name (please print)

Employee Signature

Date

Supervisor Approval

Date

Human Resources Director

Date