



Code: **GCBDC/GDBDC-AR**  
Revised/Reviewed: 4/09/14; 9/06/16; 11/14/19  
Orig. Code: GCBDC/GDBDC FORM

## Request for Domestic Violence, Harassment, Sexual Assault or Stalking Leave

PLEASE PRINT

Where the need for the leave may be anticipated, a written request for leave under Oregon Revised Statute (ORS) 659A.270-659A.285 shall be made at least [30] days prior to the date the requested leave is to begin. In emergency situations, oral or written notice as soon as practical is allowed.

Name of the Eligible Employee: \_\_\_\_\_ Effective Date of the Leave: \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_

Status:  Full-time  Part-time  Temporary Hire Date: \_\_\_\_\_ Length of Service: \_\_\_\_\_

The requested leave is for:

- Myself
- My minor child or dependent

The leave is for:

- To seek legal and law enforcement assistance or remedies to ensure the health and safety of the eligible employee or the eligible employee's minor child or dependent.
- To seek medical treatment for or to recover from injuries caused by domestic violence, harassment, sexual assault, or stalking of the eligible employee or the employee's minor child or dependent.
- To obtain, or to assist the eligible employee's minor child or dependent in obtaining, counseling from a licensed mental health professional related to an experience of domestic violence, harassment, sexual assault, or stalking.
- To obtain services from a victim services provider for the eligible employee or the eligible 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 eligible employee's minor child or dependent.

The following has been provided by the employee to certify the leave:

- A copy of a report from law enforcement indicating that the eligible employee or the eligible employee's minor child or dependent was a victim or alleged victim of domestic violence, harassment, sexual assault or stalking.

- A copy of a protective order or any other order that restrains an individual from contact with an eligible employee or the employee's minor child or dependent, evidence from a court, administrative agency or attorney that the eligible employee appeared in or was preparing for a civil or criminal proceeding related to domestic violence, harassment, sexual assault or stalking or other order authorized by ORS 30.866, 107.095(1)(c), 107.700 - 107.735, 124.005 - 120.040 or 163.730 - 163.750.
- Documentation from an attorney, law enforcement officer, health care professional, licensed mental health professional or counselor, member of the clergy or victim services provider with or from whom the eligible employee or the eligible employee's minor child or dependent is receiving services.

I understand that the district requires me to use any accrued sick leave, vacation, personal leave days or other paid time established by Board policy(ies) and/or collective bargaining agreement. If my request is approved, I wish to use, in the following order:

Sick Leave Hours \_\_\_\_\_ Personal Leave Hours \_\_\_\_\_ Vacation Leave Hours \_\_\_\_\_

Date(s) to be absent: \_\_\_\_\_ to: \_\_\_\_\_

Times to be absent: \_\_\_\_\_ to: \_\_\_\_\_

Substituted Required:  Yes  No

If my request for a leave is approved, it is my understanding that without an authorized extension when the need for an extension could be anticipated, I must report to duty on the first workday following the date my leave is scheduled to end. I understand that failure to do so will constitute unequivocal notice of my intent not to return to work and the district may terminate my employment. I understand if I am unable to return to work following the period of authorized leave I will notify my employer as soon as practical and provide any required information which will allow my employer to determine my eligibility for an extension of leave.

I authorize the district to deduct from my paychecks any employee contributions for health insurance premiums, life insurance or long-term disability insurance which remain unpaid after my leave, consistent with state law.

\_\_\_\_\_  
Employee Name (please print)

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

\_\_\_\_\_  
Supervisor Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Director

\_\_\_\_\_  
Date