



UNIVERSITY of WASHINGTON
HUMAN RESOURCES

(For campus employees only)

Absence request for domestic violence, sexual assault, stalking, or hate crime

Return the completed form to:

Campus HR Operations & Services

4320 Brooklyn Ave NE
Box 354963
Seattle, WA 98195-4963
Fax: (206) 685-0636
Email: hrleaves@uw.edu

Do not submit to your unit or department

Instructions: Please use this form to request a continuous leave of absence from work, intermittent time off, or a temporarily reduced work schedule for the following reasons when related to domestic violence, sexual assault, stalking, or hate crime:

- To seek legal or law enforcement assistance to ensure your personal safety or the safety of your family members.
- To seek treatment by a health care provider for your physical or mental injuries or to attend the health care treatment of a family member.
- To obtain, or assist a family member to obtain, mental health counseling.
- To obtain, or assist a family member to obtain, services from a domestic violence shelter, rape crisis center, or other social service program.
- To participate in safety planning, temporarily or permanently relocate, or take other actions to increase your or your family members' safety from future domestic violence, sexual assault, stalking or hate crime.

EMPLOYEE INFORMATION

Full name:	EID:	Phone:	Email:
Department:	Manager's name:	Manager's email:	
Please identify your relationship to the victim of domestic violence, sexual assault or stalking: Self Family member	If the victim is a family or household member, please describe their relationship to you: Parent Parent-in-law Spouse or Domestic Partner Child Dating relationship Grandchild Grandparent		

LEAVE REQUEST INFORMATION

I am requesting a continuous leave of absence from work: Yes No From (date) _____ To (date) _____	I am requesting a reduced work schedule as follows: No Yes _____ hours per day for _____ days per week. Until (date) _____
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I am requesting an intermittent work schedule: No Yes

If yes, describe requested schedule:

TIME OFF ACCRUING EMPLOYEES ONLY
 I am requesting Domestic Violence Shared Leave:

No Yes

FACULTY ONLY
 I am requesting to use Faculty Paid Sick Leave:

No Yes

I need an alternate arrangement for receiving paychecks:

No Yes

How can your manager communicate with you during your absence?

VERIFICATION STATEMENT OR DOCUMENTATION

Please provide verification that you or family member has been the victim of domestic violence, sexual assault, stalking or hate crime by attaching a written statement or completing a statement in the space below.

Verification may also be provided by submitting one or more of the following:

- a. A police report indicating you or your family member has been a victim.
- b. A court order providing protection to the victim.
- c. Evidence from the court or the prosecuting attorney demonstrating that you or your family member appeared, or is scheduled to appear, in court in connection with an incident of domestic violence, sexual assault, stalking or hate crime.
- d. Documentation from a healthcare provider, advocate, clergy, or attorney.

I am submitting one or more of the documents described above instead of providing a written statement.

Employee Signature: _____ Date: _____