



UNIVERSITY of WASHINGTON  
HUMAN RESOURCES

(For campus staff, student employees, & academic personnel only)

**Absence request for domestic violence, sexual assault, or stalking**

**Return the completed form to:**

**Campus HR Operations & Services**

University District Station Building  
Box 354963  
4320 Brooklyn Ave NE  
Seattle, WA 98195-4963  
Fax: (206) 685-0636  
Email: [hrleaves@uw.edu](mailto: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 workschedule for the following reasons when related to domestic violence, sexual assault, or stalking:

- 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, or stalking.

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) _____	

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 or stalking 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, or stalking.
- 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: \_\_\_\_\_