

To Employee – Complete the following information:	
Employee Name: _____	
Employee EID: _____	
Department/School/College: _____	
Employee Phone: _____	Employee Email: _____

Leave Certification for Victims of Domestic Violence

To Employee: Complete this form, sign and date. **Return the completed form to Academic Human Resources (AHR) as soon as possible but no later than 15 days from the start of your leave.** In addition to this form, you will need to submit verification in the form of one or more of the following: 1) A police report indicating you or your family/household member was a victim; 2) A court order providing protection to the victim; 3) Documentation from a healthcare provider, advocate, clergy or attorney; or 4) A written statement that you or your family member is a victim and needs assistance. Family relationship must be verified by birth certificate, court document or other similar record or statement from you. **Contact AHR if you believe you will be unable to return the completed forms in the specified time period.**

To be completed by employee (please print)

Please identify your relationship to the victim of domestic violence, sexual assault or stalking: <input type="checkbox"/> Self <input type="checkbox"/> Family or Household Member	If the victim is a family or household member, please describe their relationship to you: <input type="checkbox"/> Parent <input type="checkbox"/> Parent In-Law <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Grandparent <input type="checkbox"/> Dating Relationship
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How long do you expect to be off work (if known)?
 From (date) _____ to (date) _____

I am requesting to use paid sick leave if I am eligible <input type="checkbox"/> No <input type="checkbox"/> Yes	I am requesting a reduced work schedule <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes: _____ hours/day for _____ days/weeks until (date) _____
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Employee Signature: _____ Date: _____

Return to: Academic Human Resources Box 351270 Seattle, WA 98195-12270 p: 206.543.5630 f: 206.221.4622 acadpers@uw.edu	AHR USE ONLY Total Days Requested: _____ Reviewed by (initials): _____ Date: _____
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