

Statement in Support of Need for Domestic Violence Leave

Name of employee _____ Date(s) of leave _____

I certify that I am [check one]

- ☐ a victim of domestic violence/abusive behavior
- ☐ a covered family member of a victim of domestic violence/abusive behavior
[circle applicable relationship]
spouse or fiancée of a victim of domestic violence, or individual with whom the victim of domestic violence has a substantive dating relationship and resides with

someone with whom the victim of domestic violence has a child in common

have the following relationship with a victim of domestic violence/abusive behavior

parent
step-parent
child
step-child
sibling
grandparent
grandchild
guardian to a victim of domestic violence.

- ☐ a counselor
- ☐ social worker
- ☐ health care worker
- ☐ member of the clergy
- ☐ shelter worker
- ☐ legal advocate
- ☐ other professional who assisted in addressing the effects of the abusive behavior

The above employee requires or required leave from _____ to _____ for the following reason [check one]

- ☐ seek or obtain medical attention, counseling, victim services or legal assistance
- ☐ secure housing
- ☐ obtain a protective order from a court; appear in court or before a grand jury
- ☐ meet with a district attorney or other law enforcement official
- ☐ attend child custody proceedings
- ☐ address other issues directly related to the abusive behavior

I certify that the above information is true.

Signature

Date

Printed Name