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 fiancé 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