

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