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  Sibling  Grandchild
  Child  Step-child  Grandparent  Guardian

☐ Counselor
☐ Social worker
☐ Member of the clergy
☐ Shelter worker
☐ Legal advocate
☐ Other professional who assisted I addressing the effect 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 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