

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

