



GREEN RIVER COLLEGE

Domestic Violence Leave Request

Employee Name (print): _____ Green River Employee ID#: _____

I certify that I am a victim of domestic violence, sexual assault, or stalking and I am requesting leave for that purpose.
Attach the appropriate documentation from the list below.

The leave is to assist a family member (identify familial relationship) _____ who is a victim of domestic violence, sexual assault, or stalking.
See documentation requirements below and also attach verification of the familial relationship between yourself and the victim. Such verification may include a birth certificate, a court document, other similar documentation; or a written statement from you, the employee.

I am requesting the following leave schedule:

Full-time Leave: From _____ To _____

Reduced Schedule Leave: From _____ To _____

Proposed Schedule: _____

Intermittent Leave: From _____ To _____

If intermittent, provide the approximate frequency of leave: _____

I will use my:

vacation sick leave personal holiday/personal leave day compensatory time leave without pay

I plan to apply for shared leave. *If yes, you must also complete Green River College's **Shared Leave Request Form**.*

Documentation/Verification

As supporting documentation, you may provide one or more of the following. Human Resources will maintain all documentation submitted in a strictly confidential manner. *Please check all types of documentation you are submitting and attach to this form.*

- Police Report;
- Court Order/Order of Protection;
- Verification of the person giving personal assistance;

I certify that I am a professional assisting the above-named employee or his/her family member who is a victim of domestic violence, sexual assault, or stalking.

Name (Print): _____ Title: _____

Signature: _____ Date: _____

Organizational Affiliation: _____

4. I am unable to provide any of the above documentation at this time. Please accept my written statement that this leave is being taken for the purpose described in RCW 49.76.030.

Employee Declaration

I declare that the information I have provided on this form, and any attachments, is true, complete and up to date.

Employee signature: _____ Date: _____

Resources: Employee Assistance Program: 800-227-1060 or members.mhn.com (access code: wcctc)
24-hour Washington State Domestic Violence Hotline: 800-562-6025
Washington State Coalition Against Domestic Violence: 206-389-2515
24-hour National Domestic Violence Hotline: 800-799-7233

Leave Approved/Denied: Leave approved Leave denied due to the following reason:

Signature of HR Representative: _____ Date: _____