

State of Oregon
Certification for Requested Leave

This document is used to certify an employee's request for leave to address issues of domestic violence, harassment, sexual assault or stalking as defined in Oregon Revised Statute (ORS) 107.705; 163.305 to 163.467; 163.732; 659A.270 to 659A.285 or any other designation listed as a victim by rule adopted under ORS 659A.805.

1. EMPLOYEE NAME	2. AGENCY NAME
3. LEAVE IS FOR: <input type="checkbox"/> SELF <input type="checkbox"/> MINOR CHILD(REN) OR DEPENDENT(S)	4. DATES OF LEAVE: TO: _____ FROM: _____
5. NAME OF MINOR CHILD(REN) OR DEPENDENT(S):	5. TYPE OF LEAVE REQUESTED: <input type="checkbox"/> BLOCK OF TIME <input type="checkbox"/> INTERMITTENT <input type="checkbox"/> ALTERED/REDUCED SCHEDULE* REQUESTED SCHEDULE:

7. REASON EMPLOYEE TAKING LEAVE:

I certify that I or my minor child or dependent am/are a victim of domestic violence, harassment, sexual assault or stalking. I am requesting leave for the following reasons: (check all that apply)

- To seek legal or law enforcement assistance or remedies to ensure the health and safety of the employee or employee's minor child or dependent, including preparing for and participating in protective order proceedings or other civil or criminal legal proceedings related to domestic violence, harassment, sexual assault or stalking;*
- To seek medical treatment for or to recover from injuries caused by domestic violence or harassment or sexual assault or stalking of the employee or employee's minor child or dependent;*
- To obtain, or to assist the employee's minor child or dependent in obtaining counseling from a licensed mental health professional related to an experience of domestic violence, harassment, sexual assault or stalking;*
- To obtain services from a victim services provider for the employee or the eligible employee's minor child or dependent; or*
- To relocate or take steps to secure a home to ensure the health and safety of the employee or employee's minor child or dependent.*

8. *If documentation is required by your agency to support the request for leave any of the following would be sufficient pursuant to ORS 659A.290:*

- Documentation from an attorney, law enforcement, health care professional, licensed mental health professional or counselor, member of the clergy or a victim services provider that I or my minor child or dependent is or was undergoing treatment or counseling, obtaining services, or relocating as a result of domestic violence, harassment, sexual assault or stalking.*
- A copy of a police report indicating that I or my minor child or dependent was a victim or alleged victim of domestic violence, harassment, sexual assault or stalking.*
- A copy of a protective order or other evidence from a court or attorney that I or my minor child or dependent appeared in or is preparing for a civil or criminal proceeding related to domestic violence, harassment, sexual assault or stalking.*

EMPLOYEE'S SIGNATURE	DATE
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FOR HUMAN RESOURCES OFFICE USE ONLY:

Date Received: _____ Approved Not Approved

SIGNATURE	DATE
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Appropriate documentation: Yes No
Copy to confidential file