



Family Medical Leave and Disability Services
 516 High Street, MS 9054
 Bellingham, WA 98225-5996
 Phone: (360) 650-3771
 Confidential Fax: (360) 788-0071

Domestic Violence Leave Form

The Washington State Domestic Violence Law (RCW 49.76) allows victims of domestic violence, sexual assault or stalking to take reasonable or intermittent leave from work (paid or unpaid) to take care of legal or law enforcement needs or get medical treatment, social services assistance or mental health counseling. Family members of a victim may also take reasonable leave to help the victim obtain treatment or seek help.

EMPLOYEE INFORMATION		
Employee Name:	W#	
Name and relationship of person in need of assistance (if not employee):		
Please indicate type of leave requested:		
<input type="checkbox"/> Full-Time	From: To:	
<input type="checkbox"/> Reduced Schedule	From: To:	Proposed schedule:
<input type="checkbox"/> Intermittent Leave	From: To:	Proposed frequency of leave:
I certify that myself or my family member is a victim of domestic violence, sexual assault, or stalking and I am requesting leave for that purpose.		
Employee Signature _____		Date _____

VERIFICATION
One of the following is to be provided with the application for verification purposes. Documentation will be strictly maintained in a confidential manner by Human Resources.
<input type="checkbox"/> Police Report <input type="checkbox"/> Court Order/Order of Protection <input type="checkbox"/> Documentation from health care provider, advocate, clergy or attorney assisting employee or family member. <input type="checkbox"/> Written statement from employee that employee or family member is a victim of domestic violence.

**Send completed form and verification to confidential fax at (360) 788-0071 or
 Human Resources- Disability Services, MS 9054.**