



### Leave Request Related to Safe Leave

University of Oregon, Human Resources  
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### Safe Leave Request Form

This document is used to certify an employee’s request for leave to address situations of sexual assault, domestic violence, harassment, bias, or stalking.

Complete form and submit to the HR Leaves Coordinator at [HRLeaves@uoregon.edu](mailto:HRLeaves@uoregon.edu)

Employee Name:	Supervisor Name:
Dates of Leave: From: _____ To: _____	Type of Leave Requested: Block of Time__ Intermittent __ Altered/Reduced Schedule* __ *Requested Schedule_____
Leave is for: ____ Self ____ Minor Child(ren) or Dependent(s) - Complete next section	Name(s) of Minor Child(ren) or Dependent(s): 1. _____ 2. _____ 3. _____

**Check all that apply**

- To seek legal or law enforcement assistance or remedies to ensure the health and safety of the employee or the 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, bias, or stalking;
- To seek medical treatment for or to recover from injuries caused by domestic violence, sexual assault, harassment, stalking, or the commission of a bias crime, involving the eligible employee or the employee’s minor child or dependent;
- To obtain, or to assist a minor child or dependent in obtaining, counseling from a licensed mental health professional related to an experience of domestic violence, harassment, sexual assault, bias, or stalking;
- To obtain services from a victim services provider for the eligible employee or the employee’s minor child or dependent; or
- To relocate or take steps to secure an existing home to ensure the health and safety of the eligible employee or the employee’s minor child or dependent.

**Certification of the above is required**

I am providing one of the following as certification that I have, or my minor child or dependent(s) has experienced domestic violence, harassment, sexual assault, bias, or stalking:

1. A copy of a police report indicating that I or my minor child or dependent has experienced domestic violence, harassment, sexual assault, bias, or stalking.
2. 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 was preparing for a civil or criminal proceeding related to domestic violence, harassment, sexual assault, bias, or stalking.
3. Documentation from an attorney, law enforcement, health care professional, licensed mental health professional or counselor, member of the clergy or a victim service provider that I or my minor child or dependent was undergoing treatment or counseling, obtaining service, or relocating as a result of domestic violence, harassment, sexual assault, bias, or stalking.

I certify that the information provided above is true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_