



Leave Request Related to DVHSAS

University of Oregon, Human Resources

677 East 12th Ave., Ste. 400; 5210 University of Oregon
Eugene OR 97403-5210 - 541-346-2950, fax: 541-346-2548

Domestic Violence, Harassment, Sexual Assault or Stalking (DVHSAS) Leave Request

This document is used to certify an employee’s request for leave to address situations of domestic violence, harassment, sexual assault or stalking as defined in Oregon Revised Statute (ORS) 107.705; 16.305 to 163.467; 163.732; 659A.270 to 259A.285 or any other designation adopted under ORS 659A.805.

Complete this form and submit confidentially to the Employee Medical Leaves Coordinator, 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 my own health and safety or the health and safety of my minor child or dependent(s), 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 my own or my minor child or dependent’s domestic violence, harassment, sexual assault or stalking
- To obtain counseling from a licensed mental health professional related to my own or my minor child or dependent’s domestic violence, harassment, sexual assault or stalking
- To obtain services from a service provider for myself or for my minor child or dependent(s)
- To relocate or take steps to secure a home to ensure health and safety for myself or for my minor child or dependent(s)

Certification of the above is required

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

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

Signature: _____ Date: _____