

WASHINGTON STATE UNIVERSITY
CERTIFICATION OF LEAVE FOR DOMESTIC VIOLENCE, SEXUAL ASSAULT OR STALKING

If an employee or an employee's family member is a victim of domestic violence, sexual assault, or stalking, the employee may take unpaid leave or use any accrued leave to recover from and cope with the effects of such violence.

Individuals considered to be family members are parent, step-parent, sister, brother, parent-in-law, spouse, grandparent, grandchild, minor/dependent child, and child. For the purpose of leave for victims of domestic violence, sexual assault, or stalking, family member also includes a person with whom the employee has a dating relationship. (WAC 357-01). For definitions of domestic violence and sexual assault, see [RCW 26.50.010](#). For definition of stalking, see [RCW 9A.46.110](#).

INSTRUCTIONS to the EMPLOYEE: Please complete this form fully and completely.

Employee Name:

Name of individual for whom the leave is requested, if not the employee: _____

Relationship to employee: _____

Period of requested leave, or estimate: _____

PART A: DOCUMENTATION. If verification is required, please provide one of the following to Human Resource Services.

- A police report indicating that the employee or the employee's family member was a victim of domestic violence, sexual assault, or stalking;
- A court order protecting or separating the employee or employee's family member from the perpetrator of the act of domestic violence, sexual assault, or stalking;
- Evidence from the court or prosecuting attorney that the employee or the employee's family member appeared, or is scheduled to appear, in court in connection with an incident of domestic violence, sexual assault, or stalking;
- The employee's written statement that the employee or the employee's family member is a victim of domestic violence, sexual assault, or stalking; and/or
- Documentation from any of the following persons from whom the employee or employee's family member sought assistance that the employee or the employee's family member is a victim of domestic violence, sexual assault, or stalking:
 - An advocate for victims of domestic violence, sexual assault, or stalking;
 - An attorney;
 - A member of the clergy; or
 - A medical or other professional.

PART D:

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

Signature of Employee

Date