

**WASHINGTON STATE UNIVERSITY
DOMESTIC VIOLENCE,
SEXUAL ASSAULT OR STALKING LEAVE
EMPLOYEE REQUEST**

Please return form to: Human Resource Services (HRS)
Electronic (scan or photo): HRS.Disabilityservices@wsu.edu
OR Fax: 509-241-9090
Office Location: 139 French Administration Bldg.
OR Mailing address: PO Box 641014, Pullman, WA 99163
Questions? Call HRS at: 509-335-4521

Please complete this form fully and completely to request leave. 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.

A EMPLOYEE INFORMATION (please print)

Name (Last, First, MI)	Personal Email	WSU ID #
Home Mailing Address (Street/PO Box, City, State, Zip Code)		Personal Phone
Department	Name of Supervisor	

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

LEAVE REQUEST TIME PERIOD

I am requesting full-time leave from ____/____/____ through ____/____/____

I am requesting to reduce my work schedule from # ____ hours to # ____ hours per day/week beginning ____/____/____ through ____/____/____

I am requesting an intermittent work schedule from ____/____/____ through ____/____/____ or other schedule as described below (describe):

B SUPPORTING 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.

C EMPLOYEE SIGNATURE

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

Employee Signature	Date
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