



Leave Request for Victims of Certain Crimes

Southern Oregon University
Human Resource Service, Churchill Hall, Room 159,
1250 Siskiyou Blvd, Ashland, OR 97520
(541) 552-8119, Fax (541) 552-8508

To Address Domestic Violence, Harassment, Sexual Assault or Stalking Issues

Complete this form and submit confidentially to the HR Leave Coordinator, Human Resource Services.

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

Employee Name:	Name of Minor Child or Dependent Victim:
Leave Begins:	Leave Ends:
Reason for Leave: <input type="checkbox"/> I certify that I am a victim of domestic violence, harassment, sexual assault or stalking. I am requesting leave for the following reasons: <input type="checkbox"/> I certify that my minor child or dependent is a victim of domestic violence, harassment, sexual assault or stalking. I am requesting leave for the following reasons: (check all that apply)	
<input type="checkbox"/> 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, 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. <input type="checkbox"/> To seek medical treatment for or to recover from injuries caused to me or my minor child or dependent as a result of domestic violence, harassment, sexual assault or stalking. <input type="checkbox"/> To obtain counseling from a licensed mental health professional related to my own or my minor child or dependent, as a result of domestic violence, harassment, sexual assault or stalking. <input type="checkbox"/> To obtain services from a victim services provider for myself or for my minor child or dependent. <input type="checkbox"/> To relocate or take steps to secure a home to ensure health and safety for myself or for my minor child or dependent.	
Certification of the above is required. I am providing one of the following as certification that I am, or my minor child or dependent is a victim of domestic violence, harassment, sexual assault, or stalking; <ol style="list-style-type: none"> 1. A copy of a police report indicating that I or my minor child or dependent was a victim of 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, sexual assault or stalking. I certify that the information provided above is true and accurate.	
Signature: _____ Date: _____	