Three Rivers School District

Code: GCBDC/GDBDC-AR
Revised/Reviewed:

Request for Domestic Violence, Harassment, Sexual Assault, Bias, or Stalking Leave

When the need for leave may be anticipated, a written request for leave under Oregon Revised Statute (ORS) 659A.270 - 659A.285 shall be made at least 30 days prior to the date the requested leave is to begin unless giving advance notice is not feasible. When it is not feasible, oral or written notice as soon as practical is allowed.

PLEASE PRINT

Name of employee _____

Department _____ Title _____

Effective date of the leave _____

Status: ☐ Full-time ☐ Part-time ☐ Temporary Hire Date _____

The requested leave is for:

- ☐ Myself
- ☐ A minor child or dependent for which I am a parent or guardian

The leave is for:

- ☐ To seek legal or law enforcement assistance or remedies to ensure the health and safety of the eligible employee or the eligible 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 or sexual assault to, harassment or stalking of or the commission of a bias crime against the eligible employee or the eligible employee's minor child or dependent.

- ☐ To obtain, or to assist the eligible employee's 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 eligible employee's minor child or dependent.

- ☐ To relocate[1] or take steps to secure an existing home to ensure the health and safety of the eligible employee or the eligible employee's minor child or dependent.

[1] "Relocate" is described in OAR 839-009-0345 (5).

The following has been provided to certify the need for the requested leave:

☐ A copy of a report from law enforcement indicating myself or my minor child or dependent is a victim of domestic violence, harassment, sexual assault, bias, or stalking.

☐ A copy of a protective order or' other evidence from a court, administrative agency or attorney that I or my minor child or dependent appeared in or is preparing for a civil or criminal administrative proceeding related to domestic violence, harassment, sexual assault, bias, or stalking.

☐ Documentation from an attorney, law enforcement officer, health care professional, licensed mental health professional or counselor, member of the clergy, employee of the Department of Justice division providing victim and survivor services or victim services provider that I or my minor child or dependent is receiving services.

I understand I may use accrued paid leave, including sick leave, vacation leave or any other paid leave that is offered by the district [in the order specified by the [district] [applicable collective bargaining agreement].

If my request for a leave is approved, I understand that without an authorized extension when the need for an extension could be anticipated, I must report to duty on the first workday following the date my leave is scheduled to end. I understand if I am unable to return to work following the period of authorized leave, I will notify the district as soon as practical and provide any required information which will allow the district to determine my eligibility for an extension of leave.

I authorize the district to deduct from my paychecks or seek to recover any amounts paid for insurance coverage by the district on my behalf which remain unpaid after my leave, consistent with state law.

Signature of employee: _____ Date: _____