

North Wasco County School District 21

Code: **GCBDC/GDBDC-AR**
 Revised/
 Reviewed: 5/25/17; 8/23/18; 1/23/25

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

(For employers who employ six or more employees)

~~Where~~ **When** the need for the 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**. ~~In emergency situations,~~ **When it is not feasible**, oral or written notice as soon as practical is allowed.

PLEASE PRINT

Name of ~~Eligible~~ Employee _____ Effective Date of the Leave _____
 Department _____ Title _____
 Status: Full-time Part-time Temporary Hire Date _____ Length of Service _____

The requested leave is for:

- Myself
- ~~My~~ **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**, harassment, ~~sexual assault~~ or stalking **for 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 relocate¹ 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.

The following has been provided ~~by the employee~~ to certify the **need for the requested** leave:

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

- A copy of a report from law enforcement indicating ~~that the eligible employee myself or the eligible employee's~~ **my** minor child or dependent ~~was~~ **is** a victim ~~or alleged victim~~ of domestic violence, harassment, sexual assault, **bias**, or stalking.
- A copy of a protective order ~~or any other order that restrains an individual from contact with an eligible employee or the employee's minor child or dependent,~~ **other** evidence from a court, administrative agency or attorney that ~~the eligible employee 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 ~~or other order authorized by ORS 30.866, 107.095(1)(c), 107.700 to 107.735, 124.005 to 120.040 or 163.730 to 163.750.~~
- 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 ~~with or from whom the eligible employee or the eligible employee's~~ **that I or my** minor child or dependent is receiving services.

I understand ~~that I am required to~~ **may** use ~~any~~ accrued paid leave, including ~~personal and sick leave, or accrued~~ vacation leave ~~or any other paid leave that is offered by the district.~~

If my request for a leave is approved, ~~it is my understanding~~ **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 that failure to do so will constitute unequivocal notice of my intent not to return to work and the district may terminate my employment.~~ I understand if I am unable to return to work following the period of authorized leave, I will notify ~~my employer~~ **the district** as soon as practical and provide any required information which will allow ~~my employer~~ **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 ~~employee contributions for health insurance premiums, life insurance or long term disability insurance~~ **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: _____