

**DOMESTIC AND SEXUAL VIOLENCE LEAVE**

**STATEMENT**

I, \_\_\_\_\_ [PRINT FULL NAME HERE],  
of full age and competence, hereby affirm the following facts to be true and based upon my  
personal knowledge:

1. I am requesting leave under the University of Pennsylvania Policy No. 634. I  
have read that policy in full and understand my rights and obligations under the policy.
2. I am requesting leave for the following reason(s):

[CHECK ALL THAT APPLY]

\_\_\_\_\_ To obtain medical attention for myself or a family or household member  
who has been a victim of domestic and/or sexual violence

\_\_\_\_\_ To obtain services from a victim services organization for myself or a  
family or household member who has been a victim of domestic and/or sexual violence

\_\_\_\_\_ To obtain counseling for myself or a family or household member who has  
been a victim of domestic and/or sexual violence

\_\_\_\_\_ To conduct safety planning for myself or a family or household member  
who has been a victim of domestic and/or sexual violence

\_\_\_\_\_ To obtain legal assistance for myself or a family or household member  
who has been a victim of domestic and/or sexual violence

3. I verify that the statements set forth above are true and correct. I understand that  
false statements herein may subject me to discipline, up to and including termination.

4. I understand that, in addition to this completed statement, I must also submit at  
least one of the following documents to Human Resources Benefits: (1) documentation from an  
employee, agent, or volunteer of a victim services organization; an attorney; a clergy member; or  
medical or other professional from whom the victim has sought assistance; (2) a police or court  
record; or (3) other corroborating evidence.

Date: \_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE SIGNS ABOVE

**THIS FORM SHOULD BE RETURNED TO  
THE DIVISION OF HUMAN RESOURCES BENEFITS OFFICE  
527A, 3401 Walnut Street  
Philadelphia, PA 19104-6228  
Tel: 215-898-0914 Fax: 215-573-7385**