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