



MISSOURI DEPARTMENT OF TRANSPORTATION
DOMESTIC AND SEXUAL VIOLENCE LEAVE REQUEST AND CERTIFICATION FORM

Complete this form and receive approval before entering time into MoDOT TRS as Domestic and Sexual Violence Leave.

EMPLOYEE INFORMATION

Last Name _____ First Name _____ Phone Number _____
 Division/District _____ Email Address _____

DATES FOR WHICH LEAVE IS REQUESTED

If intermittent or reduced schedule leave is to be used, please coordinate your work schedule with your immediate supervisor.

_____ Through _____
 Leave Start Date Leave End Date

Intermittent Full Days Reduced Schedule

LEAVE INFORMATION

Indicate below if the Domestic and Sexual Violence Leave is for yourself, a family member, or member of your household.

- I am requesting Domestic and Sexual Violence Leave for myself.
- I am requesting Domestic and Sexual Violence Leave for a family member or member of my household whose interests are not adverse to mine as it relates to the domestic or sexual violence.
 Relationship to this person is:
 Spouse/parent/son/daughter/other person related by blood
 Present or prior marriage/other person who shares a relationship through a son or daughter/person jointly residing in the same household

REASON(S) FOR LEAVE

Indicate below the reason(s) for taking time off as Domestic and Sexual Violence Leave.

I am requesting Domestic and Sexual Violence Leave for the following (please check all that are applicable):

- (1) Seeking medical attention for, or recovering from, physical or psychological injuries caused by domestic or sexual violence to myself, my family or my household member.
- (2) Obtaining services from a victim services organization for myself, my family or my household member.
- (3) Obtaining psychological or other counseling for myself, my family or my household member.
- (4) Participating in safety planning, temporarily or permanently relocating, or taking other actions to increase the safety of myself, my family or my household member from future domestic or sexual violence or to ensure economic security.
- (5) Seeking legal assistance or remedies to ensure the health and safety of myself, my family or my household member, including preparing for or participating in any civil or criminal legal proceeding related to or derived from the domestic or sexual violence.

ACKNOWLEDGMENT

I understand that I must provide one of the following within a reasonable period, if requested:

- (1) Documentation from an employee, agent, or volunteer of a victim services organization, an attorney, a member of the clergy, or a medical or other professional from whom I or my family or household member has sought assistance in addressing domestic violence or sexual violence and the effects of such violence;
- (2) A police or court record; or
- (3) Other corroborating evidence of my eligibility for the leave requested.

I certify that I or my family or household member is a victim of domestic or sexual violence and the requested leave is for the reason(s) I selected above.

Name _____ Date _____