

CITY OF SPRINGFIELD

Domestic Violence Leave Request/Reporting Form

Massachusetts law requires the City to allow employees to take up to fifteen (15) working days of leave within a 12-month period if the employee or a family member is the victim of domestic violence and if the leave is sought for specific reasons related to the domestic violence. Please refer to the attached Domestic Violence Leave policy for additional information. This completed form must be submitted to the Assistant Director of Human Resources in advance except in cases of imminent danger.

Employee Name: _____ Employee ID #: _____

Department Name: _____ Position: _____

Date(s) of Leave: From: _____ To: _____

I will return to work on: _____

Qualified Reason for Leave (Refer to the attached Domestic Violence Leave policy for a list of qualified reasons): _____

Note: Supporting documentation must be submitted to the Assistant Director of Human Resources. For a list of acceptable forms of documentation, please see the attached Domestic Violence Leave policy.

The information provided on this form is confidential and will not be communicated to my department however it is my responsibility to notify my supervisor of my absence. I may refer him/her to Human Resources for any questions related to the City's policy on Domestic Violence Leave.

I affirm my intention to return to work as specified above and I understand that if I fail to comply with the terms of this leave of absence, I may be subject to discipline up to and including termination.

Employee Signature

Date

Copy to: **Human Resources
Employee**