

Town of Natick

Human Resources Department

Domestic Violence Notice of Need for Leave

This form shall be filled out and filed with the Director of Human Resources only.

SECTION I:

Employee Name: _____ (print) Date: ____/____/____

Title: _____ Department: _____

Requested start of Leave: ____/____/____ Employee ID # _____

Have you used all Vacation, Personal, and Sick Leave available to you? Yes
No

If no, please note that this policy requires you to have used all available paid leave before you may request an unpaid domestic violence leave. If you have used all available paid time off available to you, please continue.

I am the victim of domestic violence resulting in this request

Family Member _____ (list type not name) was the victim of domestic violence

Requesting Employee Signature: _____ (*send signed form to HR*)

SECTION II: To Be Reviewed and Acted Upon by the Director of Human Resources

As the Director of Human Resources, I have reviewed the above employee's unpaid Domestic Violence Leave request and make the following decision:

Approved as submitted Disapproved- please explain: _____

Director of HR Signature

Print Name

Date

The originally signed form shall be placed within the employee's personnel file and kept confidential, per Section 7.1.1 of this Domestic Violence Leave policy.