



**CITY OF CORAL GABLES**  
**DOMESTIC VIOLENCE LEAVE FORM**

**Employee Name** \_\_\_\_\_ **Employee ID#** \_\_\_\_\_

Under Florida Statute 741.313, an employee who is a victim of domestic violence or who has a family member who is a victim of domestic violence, sexual assault, or stalking is allowed to take up to three (3) days of leave in a 12-month period in order to:

- Seek an injunction for protection.
- Obtain medical care, or mental health counseling.
- Obtain services from a victim services organization, including but not limited to, a domestic violence shelter, or rape crises center.
- Secure home from perpetrator, or seek new housing.
- Seek legal assistance in regard to issues arising from domestic violence, or to attend or prepare for court-related proceedings.

Please note that an employee must, before receiving the leave, exhaust all annual and sick leave.

<b>EMPLOYEE CERTIFICATION</b>	
<b>Name/Relationship if family/household member:</b> _____	
I certify that I, or my family member is a victim of domestic violence, sexual assault, or stalking and I am requesting leave for that purpose.	
Please indicate type of leave requested:	
<input type="checkbox"/> Consecutive Leave:	From _____ To _____
<input type="checkbox"/> Intermittent Leave:	From _____ To _____
Proposed frequency of leave: _____	
<b>Employee Signature:</b> _____ <b>Date:</b> _____	

<b>VERIFICATION</b>	
Please provide one of the following for verification purposes. All documentation received in connection with this request will be kept confidential and not placed in your personnel file.	
<input type="checkbox"/> Police Report	
<input type="checkbox"/> Court Order/Order of Protection	
<input type="checkbox"/> Assistance Program (Please have authorized representative complete section below)	
Organization Name: _____	
Name of representative (Print): _____ Title: _____	
Signature: _____ Date: _____	
<input type="checkbox"/> I am unable to provide documentation at this time.	

<b>HUMAN RESOURCES DEPARTMENT APPROVAL</b>	
Date received: _____	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for denial: _____	