



STATE OF HAWAII
APPLICATION FOR VICTIMS LEAVE

Employee Name: _____

Job Title: _____ Bargaining Unit: _____

Department/Division/Branch: _____

1. Application request for:

- | | |
|---|--|
| <input type="checkbox"/> Victims Leave-Sick | <input type="checkbox"/> Victims Leave-Comp Time Off |
| <input type="checkbox"/> Victims Leave-Vacation | <input type="checkbox"/> Victims Leave-Leave without Pay |

2. Period of leave (month/day/year) and total number of working hours being utilized for victims leave:

Beginning: _____ Ending: _____

Total number of working hours: _____

3. Specify reason for Victims Leave:

- Seek medical attention for myself or my minor child to recover from physical or psychological injury or disability caused by domestic or sexual violence;
- Obtain services from a victim services organization;
- Obtain psychological or other counseling;
- Temporarily or permanently relocate; or
- Take legal action, including preparing for or participating in any civil or criminal legal proceeding related to or resulting from the domestic or sexual violence, or other actions to enhance the physical, psychological, or economic health or safety of myself or my minor child or to enhance the safety of those who associate with or work with me.

4. Attach appropriate certification (*See Section VII.A.3. of Victims Leave Policy and Procedures*).

I understand that the information contained in this form may be subject to verification and do hereby authorize the release of health care information by my physical and psychological care providers to my employer or employer's designated representative.

I certify that the above information is true and accurate:

Employee's Signature

Date

Information on this form is confidential and access is restricted to a need-to-know basis.

CONFIDENTIAL INFORMATION