

STEP 1: INFORMATION TO READ AND REVIEW

- Domestic Violence, Harassment, Sexual Assault or Stalking Protections Employee Rights Notice

STEP 2: COMPLETE LEAVE REQUEST FORM

- Victims of Certain Crimes Leave Request Form – complete and return to HR

STEP 3: CERTIFICATION

- Provide HR with a copy of a document from law enforcement, the court system, a police report or restraining order, a letter or other document from an attorney, counselor, domestic violence or sexual assault victim service provider, a health care professional, or a clergy member

STEP 4: LEAVE AND LEAVE BENEFITS

- Complete your FMLA/OFLA Attendance Record/Leave Tracking Form and your Employee Leave slip every month

STEP 5: RETURN TO WORK

- Notify HR at the time of your return or regarding any changes in leave status or needs

Information to Read and Review

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Complete Leave Request Form

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Certification

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4

Leave and Leave Benefits

- ◇ Complete your FMLA/OFLA Attendance Record/Leave Tracking Form and your Employee Leave slip every month

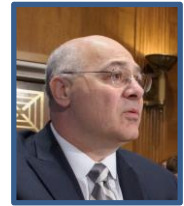
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Return to Work

- ◇ Notify HR at the time of your return or regarding any changes in leave status or needs



NOTICE



DOMESTIC VIOLENCE, HARASSMENT, SEXUAL ASSAULT OR STALKING PROTECTIONS

ALL EMPLOYERS WITH 6 OR MORE EMPLOYEES IN OREGON ARE REQUIRED TO PROVIDE REASONABLE LEAVE AND ALL EMPLOYERS IN OREGON ARE REQUIRED TO PROVIDE REASONABLE SAFETY ACCOMMODATIONS FOR VICTIMS OF DOMESTIC VIOLENCE, HARASSMENT, SEXUAL ASSAULT, OR STALKING (DVHSAS).

What qualifies as a Reasonable Safety Accommodation?

“Reasonable safety accommodation” may include, but is not limited to, a transfer, reassignment, modified schedule, unpaid leave from employment, changed work telephone number, changed work station, installed lock, implemented safety procedure or any other adjustment to a job structure, workplace facility or work requirement in response to actual or threatened domestic violence, harassment, sexual assault or stalking.

Who is eligible for Reasonable Safety Accommodation protections under this law?

Any employee who is a victim of DVHSAS, or is the parent or guardian of a minor child or dependent who is a victim of DVHSAS, regardless of how long or how many hours he or she has worked for the employer.

When may an employee take leave?

Employees may take leave for the following purposes:

- To seek legal or law enforcement assistance to ensure the health and safety of the employee or the employee’s minor child or dependent, including preparing for and participating in protective order proceedings or other civil or criminal legal proceedings related to DVHSAS.
- To seek medical treatment for or to recover from injuries caused by DVHSAS to the eligible employee or the employee’s minor child or dependent.
- To obtain or to assist a minor child or dependent in obtaining counseling from a licensed mental health professional related to an experience of DVHSAS.
- To obtain services from a victim services provider for the eligible employee or the employee’s minor child or dependent.
- To relocate or take steps to secure an existing home to ensure the health and safety of the eligible employee or the employee’s minor child or dependent.

Is Notice Required?

A covered employer may require that an eligible employee give reasonable advance notice of the employee’s intention to take leave, unless giving the advance notice is not practicable. The covered employer may also require the eligible employee to provide certification that the employee or the employee’s minor child or dependent is a DVHSAS victim.

Confidentiality: Any documents or evidence provided as certification of the victim’s status, or information obtained by the employer regarding the need for accommodation or leave, must be kept confidential and may not be released without the express permission of the employee.

Paid or Unpaid Leave?

A covered employer is not required to grant leave with pay to an eligible employee. However, an eligible employee may use any vacation, sick or other paid leave that is available during the period of leave. Subject to the terms of any agreement between the eligible employee and the covered employer or the terms of a collective bargaining agreement or an employer policy, the covered employer may determine the order in which paid accrued leave is to be used when more than one type of paid accrued leave is available to the employee

Length of Leave?

A covered employer must allow an eligible employee to take reasonable leave and may only limit the amount of leave if the employee’s leave creates an “undue hardship” on the employer. Undue hardship means a significant difficulty and expense to the organization and includes consideration of the size of the organization and the employer’s critical need for the employee.

For additional information, please call the nearest office of the Bureau of Labor and Industries:

- ▶ Employer Assistance: 971-673-0824
- ▶ Eugene.....541-686-7623
- ▶ Salem.....503-378-3292
- ▶ Portland....971-673-0761 Website: www.oregon.gov/boli

Or Write:

Bureau of Labor and Industries
Civil Rights Division
800 NE Oregon St Ste. 1045
Portland, OR 97232

It is an unlawful employment practice for a covered employer to refuse to make a reasonable accommodation, discharge, refuse to hire, suspend, retaliate, or discriminate in any manner against an individual because he or she is a victim of DVHSAS.

January 2014

This is a summary of Oregon’s laws relating to Domestic Violence, Harassment, Sexual Assault, or Stalking Protections. It is not a complete text of the law.

THIS INFORMATION MUST BE POSTED IN A CONSPICUOUS LOCATION

Name: _____

Department: _____

Employee ID#: _____

Instructions: Please record the number of hours you were off each day while on FMLA/OFLA leave. Include holidays.
 Do not include days you would not have been expected to be at work (your normal days off).
 Return this form at the end of each month.

Month	Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total		
Jan																																			
Feb																																			
Mar																																			
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Aug																																			
Sep																																			
Oct																																			
Nov																																			
Dec																																			

Employee's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

EMPLOYEE LEAVE REQUEST

Employee Name: _____ Employee ID#: _____

Job Title: _____ Department: _____

Supervisor Name: _____

Request for Leave**A. I am requesting a leave of absence from _____ through _____ for the following reason(s) (check all that apply):**

- I am a victim of domestic violence, harassment, sexual assault or stalking.
- My minor child or dependent is a victim of domestic violence, harassment, sexual assault or stalking. Please specify: _____ (name) _____ (relationship)

B. My leave will be used (check all that apply):

- To seek legal or law enforcement assistance or remedies to ensure my own health and safety or the health and safety of my minor child or dependent, including preparing for and participating in protective order proceedings or other civil or criminal legal proceedings related to domestic violence, harassment, sexual assault or stalking.
- To seek medical treatment for or to recover from injuries caused to me or my minor child or dependent as a result of domestic violence, harassment, sexual assault or stalking.
- To obtain counseling from a licensed mental health professional related to my own or my minor child or dependent, as a result of domestic violence, harassment, sexual assault or stalking.
- To obtain services from a victim services provider for myself or for my minor child or dependent.
- To relocate or take steps to secure a home to ensure health and safety for myself or for my minor child or dependent.

C. I am requesting a:

- Full-time leave from _____ to _____
- Intermittent (occasional days or hours of leave taken) which is anticipated to look like:
_____ hour(s) per day _____ day(s) per week _____ day(s) per month
- Reduced-schedule leave, schedule will reflect:
_____ hour(s) per day _____ day(s) per week _____ day(s) per month

D. Anticipated Return-to-work date: _____**E. Contact information during leave:**

Personal email: _____

Mailing Address: _____

Phone: _____

Employee Signature_____
Date