



Request for Leave Covered Under the New Jersey Safe Act

I hereby request to take a leave of absence of up to 20 days for circumstances which I feel represent a qualifying event under the New Jersey Safe Act.

I understand that this leave is unpaid; however I can request the use of accrued but unused leave time to be paid for this leave.

I have attached one of the following documentation pertaining to the request for leave:

- Copy of a restraining order
- Letter from the state’s prosecutor
- Documentation of the conviction of the assailant
- My medical documentation as a victim of an assault
- Certification from a certified Domestic Violence Specialist or Rape Crisis Center employee
- Certification from social worker, clergy member or shelter worker who provided me with assistance

I will need this leave beginning on _____, and I will return to work on _____.

The leave will be unpaid _____

The leave will be paid using accrued but unused leave time _____ (leave time must be discussed with Human Resources)

Employee Name: _____
(Print)

Employee Signature: _____

Date: _____

Employee ID #: _____

Note: Once the Human Resources Department has determined that the employee is eligible for the leave, the employee’s manager will be notified of the leave approval via email.