



Domestic Violence Leave Form

Employee Name _____ Date _____

Relevant Person: _____

Relationship to relevant person: _____

Dates of Leave: _____

Duration: _____

Manager Notified: _____

Purpose of Leave:

- ☐ seek medical attention;
- ☐ obtain services from a victim services organisation;
- ☐ obtain psychological or other professional counselling;
- ☐ relocate temporarily or permanently;
- ☐ obtain an order under the Domestic Violence Act 2018;
- ☐ seek advice or assistance from a legal practitioner;
- ☐ seek assistance from the Garda Síochána.

Statements of Facts

Supporting Documentation received:

- ☐ Medical Cert
- ☐ Hospital Letter
- ☐ Government Document
- ☐ Court Order
- ☐ Other Official Document

Employee Signature: _____

Line Manager Signature: _____