

Notification to Employer – Domestic Violence Leave



This form only needs to be completed **if requested** by the Employer.

This form has been approved by the Director of Labour Standards, Department of Labour and Advanced Education.

CONFIDENTIALITY: The information contained in this form must be kept confidential by the Employer and may not be disclosed by the Employer except to employees or agents of the Employer who require the information to carry out their duties OR as required by law OR with the employee's written consent.

PART 1: This section is to be completed by the Employee Seeking Domestic Violence Leave

Name (please print): _____

Position/Title: _____

How do you prefer to be contacted: by phone by text by email by mail

Contact information: _____

For more information on domestic violence, please visit:

https://women.gov.ns.ca/sites/default/files/documents/Making%20Changes_FULL_Dec2018.pdf

PART 2A: This section is to be completed by the Employee ONLY when they are Seeking Domestic Violence Leave to Relocate

Relocating: I am relocating (temporarily or permanently) because of domestic violence to me or my child (under 18 years old).

Expected start date of the leave: _____
month/day/year

Expected end date of the leave (if known): _____
month/day/year

Name (print): _____

Signature

Date

Please note, employees who are relocating must advise their employer of their new permanent address and the date on and after which they may be reached at the new address. If you are, or will be, staying in a transition house or at a temporary address, you do **not** need to provide that address.

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PART 2B: This section is to be completed by an Individual Authorized to Confirm the Reason for the Employee’s Notification of Domestic Violence Leave.

Please indicate the reason for the leave:

- Medical Attention:** The employee named in Part 1 is seeking medical attention from me for the employee or their child (under 18 years old) due to a physical or psychological injury caused by domestic violence. *Individual confirming this leave must be a legally qualified medical practitioner.*

- Support Services for Victims:** The employee named in Part 1 is seeking services from our organization in relation to domestic violence to the employee or the employee’s child (under 18 years old). *Individual confirming this leave must be an official with a victim services organization, transition house, the Department of Justice, a law enforcement agency, or an individual who is responsible to an elected board of directors, a licensing body, or regulated profession.*

- Psychological / Counselling Services:** The employee named in Part 1 is seeking counselling services from me in relation to domestic violence to the employee or the employee’s child (under 18 years old). *Individual confirming this leave must be an individual qualified to provide psychological or counselling services, including an Elder, Minister, or official of a community organization.*

- Legal or Law Enforcement Services:** The employee named in Part 1 is seeking legal or law enforcement services from our organization in relation to domestic violence to the employee or their child (under 18 years of age). Note: There is no requirement to provide or have filed a police report. *Individual confirming this leave must be with a law firm or law enforcement agency.*

Expected start date of the leave: _____
month/day/year

Expected end date of the leave (if known): _____
month/day/year

The following information is required in relation to the authorized individual who is completing Part 2B.

Name (print): _____ Organization: _____

Position/Title: _____ Phone: _____

Signature

Date