

Clatskanie School District 6J

Code: GCBDC/GDBDC
Adopted: 8/12/19
Orig. Code(s): GCBDC/GDBDC

Domestic Violence, Harassment, Sexual Assault, Bias, or Stalking Leave (Safe Leave)

*

Definitions

1. ~~“Covered employer” means an employer who employs six or more individuals in the state of Oregon for each working day through each of 20 or more calendar workweeks in the year in which the eligible employee takes leave to address domestic violence, harassment, sexual assault or stalking, or in the year immediately preceding the year in which an eligible employee takes leave for domestic violence, harassment, sexual assault or stalking.~~
2. ~~“Eligible employee” means an employee who is a victim of domestic violence, harassment, sexual assault or stalking or is the parent or guardian of a minor child or dependent who is a victim of domestic violence, harassment, sexual assault or stalking.~~
3. ~~“Protective order” means an order authorized by Oregon Revised Statute (ORS) 30.866, 107.095(1)(c), 107.700—107.735, 124.005—124.040 or 163.730—163.750 or any other order that restrains an individual from contact with an eligible employee or the employee’s minor child or dependent.~~
4. ~~“Victim of domestic violence” means an individual who has been a victim of abuse as defined by ORS 107.705; or any other individual designated as a victim of domestic violence by rule adopted under ORS 659A.805.~~
5. ~~“Victim of harassment” means an individual against whom harassment has been committed as described in ORS 166.065 and any other individual designated as a victim of harassment by rule adopted under ORS 659A.805.~~
6. ~~“Victim of sexual assault” means an individual against whom a sexual offense has been committed as described in ORS 163.467 or 163.525; or any other individual designated as a victim of sexual assault by rule adopted under ORS 659A.805.~~
7. ~~“Victim of stalking” means an individual against whom stalking has been committed as described in ORS 163.732; or an individual designated as a victim of stalking by rule adopted under ORS 695A.805; or an individual who has obtained a court’s stalking protective order or a temporary court’s stalking protective order under ORS 30.866.~~
8. ~~“Victim services provider” means a prosecutor based victim assistance program or a nonprofit program offering safety planning, counseling, support or advocacy related to domestic violence, harassment, sexual assault or stalking.~~

When applicable, the district will comply with the provisions of protected leave identified in ORS 659A.272 to address domestic violence, harassment, sexual assault, bias, or stalking.

The district (covered employer¹) shall allow an (eligible) employee² to take reasonable leave from employment for any of the following reasons:

1. To seek legal or law enforcement assistance or remedies 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 domestic violence, harassment, sexual assault, bias, or stalking;
9. To seek medical treatment for or to recover from injuries caused by domestic violence or sexual assault to, ~~or~~ harassment or stalking of, or the commission of a bias crime against the eligible employee or the employee's minor child or dependent;
10. To obtain, or to assist a minor child or dependent in obtaining counseling from a licensed mental health professional related to an experience of domestic violence, harassment, sexual assault, bias, or stalking;
11. To obtain services from a victim services provider for the eligible employee or the eligible employee's minor child or dependent; or
12. To relocate³ or take steps to secure an existing home to ensure health and safety of the eligible employee or the employee's minor child or dependent.

The district may limit the amount of leave, if the eligible employee's leave creates an undue hardship on the district.

The district shall not deny leave to an eligible employee or discharge, threaten to discharge, demote, suspend or in any manner discriminate or retaliate against an employee with regard regards to promotion, compensation or other terms, conditions or privileges of employment because the employee makes inquiries about, applies for, or takes as a result of taking such leave.

The eligible employee shall give the district reasonable advanced notice of the employee's intention intent to take leave unless giving advance notice is not feasible.

The district may require the eligible employee to provide certification that:

¹ "Covered employer" means an employer who employs six or more individuals in the State of Oregon for each working day during each of 20 or more calendar workweeks in the year in which an eligible employee takes leave to address domestic violence, harassment, sexual assault, bias or stalking, or in the year immediately preceding the year in which an eligible employee takes leave to address domestic violence, harassment, sexual assault, bias or stalking.

² "Eligible employee" means an employee who is a victim of domestic violence, harassment, sexual assault, bias or stalking or is the parent or guardian of a minor child or dependent who is a victim of domestic violence, harassment, sexual assault, bias or stalking.

³ "Relocate" is described in OAR 839-009-0345 (5).

1. The employee or employee's minor child or dependent is a victim of domestic violence, harassment, sexual assault, bias, or stalking; and
13. The leave is taken for one of the identified purposes in this policy.

The eligible employee shall provide a certification within a reasonable time after receiving the district's request for the certification.

Sufficient certification to support a request for such leave includes:

1. A copy of a report from law enforcement indicating the eligible employee or the employee's minor child or dependent was a victim of domestic violence, harassment, sexual assault, bias, or stalking;
14. A copy of a protective order or other evidence from a court, administrative agency, or attorney that the eligible employee appeared in or ~~is was~~ preparing for a civil or criminal ~~or~~ administrative proceeding related to domestic violence, harassment, sexual assault, bias, or stalking; or
15. Documentation from an attorney, law enforcement officer, health care professional, licensed mental professional or counselor, member of the clergy, employee of the Department of Justice division providing victim and survivor services or a victim services provider that the eligible employee or the employee's minor child or dependent was undergoing treatment or counseling, obtaining services or relocating as a result of domestic violence, harassment, sexual assault, bias, or stalking.

All records and information kept by the district regarding the employee's leave under ORS 659A.270 - 659A.285, including the fact the employee has requested ~~request~~ or obtained such ~~obtaining of~~ leave, are ~~is~~ confidential and may not be released without the express permission of the employee unless otherwise required by law. This information will be kept in a file separate from the employee's personnel file.

The employee may use any accrued paid leave, including ~~personal, sick leave, or accrued~~ vacation leave or any other paid leave offered by the district. The district ~~employer~~ may choose the order in which paid accrued leave is to be used when more than one type of paid leave is available, consistent with Board policies, ~~and/or~~ any applicable collective bargaining agreement or other agreement.

Definitions

1. "Protective order" means an order authorized by ORS 30.866, 107.095 (1)(c), 107.700 to 107.735, 124.005 to 124.040, 163.730 to 163.750 or 163.760 to 163.777 or any other order that restrains an individual from contact with an eligible employee or the employee's minor child or dependent.
16. "Victim of bias" means an individual who has been a victim of a bias crime as defined in ORS 147.380; or any other individual designated as a victim of bias by rule adopted under ORS 659A.805.
17. "Victim of domestic violence" means an individual who has been a victim of abuse, as defined in ORS 107.705; or any other individual designated as a victim of domestic violence by rule adopted under ORS 659A.805.

18. “Victim of harassment” means an individual against whom harassment has been committed as described in ORS 166.065; or any other individual designated as a victim of harassment by rule adopted under ORS 659A.805.
19. “Victim of sexual assault” means an individual against whom a sexual offense has been committed as described in ORS 163.305 to 163.467, 163.472 or 163.525; or any other individual designated as a victim of sexual assault by rule adopted under ORS 659A.805.
20. “Victim of stalking” means an individual against whom stalking has been committed as described in ORS 163.732; an individual designated as a victim of stalking by rule adopted under ORS 659A.805; or an individual who has obtained a court’s stalking protective order or a temporary court’s stalking protective order under ORS 30.866.
21. “Victim services provider” means a prosecutor-based victim assistance program or a nonprofit program offering safety planning, counseling, support or advocacy related to domestic violence, harassment, sexual assault, bias or stalking.

END OF POLICY

Legal Reference(s):

[ORS 192.355\(38\)](#)
[ORS 659A.270 - 659A.290](#)
[OAR 839-009-0325 - 0365](#)

Clatskanie School District 6J

Code: GCBDC/GDBDC-AR
Revised/Reviewed: 10/29/18
Orig. Code(s): GCBDC/GDBDC-AR

Request for Domestic Violence, Harassment, Sexual Assault, Bias, or Stalking Leave

PLEASE PRINT

~~Where~~ When the need for ~~the~~ leave may be anticipated, a written request for leave under Oregon Revised Statute (ORS) 659A.270 - 659A.285 shall be made at least 30 days prior to the date the requested leave is to begin unless giving advance notice is not feasible. When it is not feasible, ~~In emergency situations~~, oral or written notice as soon as practical is allowed.

PLEASE PRINT

Name of ~~Eligible E~~mployee _____
~~Effective Date of the Leave~~ _____

Department _____ Title _____

Effective date of the leave _____

Status: Full-time Part-time Temporary Hire Date _____ ~~Length of Service~~ _____

The requested leave is for:

- Myself
- A ~~My~~ minor child or dependent for which I am a parent or guardian

The leave is for:

- To seek legal or law enforcement assistance or remedies to ensure the health and safety of the eligible employee or the eligible employee's 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, bias, or stalking.
- To seek medical treatment for or to recover from injuries caused by domestic violence or ~~harassment~~, sexual assault to, harassment or stalking of or the commission of a bias crime against ~~for~~ the eligible employee or the eligible employee's minor child or dependent.
- To obtain, or to assist the eligible employee's minor child or dependent in obtaining counseling from a licensed mental health professional related to an experience of domestic violence, harassment, sexual assault, bias, or stalking.
- To obtain services from a victim services provider for the eligible employee or the eligible employee's minor child or dependent.
- To relocate¹ or take steps to secure an existing home to ensure the health and safety of the eligible employee or the eligible employee's minor child or dependent.

¹ "Relocate" is described in OAR 839-009-0345 (5).

The following has been provided ~~by the employee~~ to certify the ~~need for the requested~~ leave:

- A copy of a report from law enforcement indicating ~~myself~~ ~~that the eligible employee or~~ ~~my~~ ~~the eligible employee's~~ minor child or dependent ~~is~~ ~~was~~ a victim ~~or alleged victim~~ of domestic violence, harassment, sexual assault, ~~bias~~, or stalking.
- A copy of a protective order ~~or~~ ~~or any other~~ ~~order that restrains an individual from contact with an eligible employee or the employee's minor child or dependent~~, evidence from a court, administrative agency or attorney that ~~I~~ ~~or my minor child or dependent~~ ~~the eligible employee~~ appeared in or is preparing for a civil or criminal ~~administrative~~ proceeding related to domestic violence, harassment, sexual assault, ~~bias~~, or stalking ~~or other order authorized by ORS 30.866, 107.095(1)(e), 107.700 – 107.735, 124.005 – 124.040 or 163.730 – 163.750.~~
- Documentation from an attorney, law enforcement officer, health care professional, licensed mental health professional or counselor, member of the clergy, ~~employee of the Department of Justice~~ ~~division providing victim and survivor services~~ or victim services provider ~~that I~~ ~~with~~ ~~or my~~ ~~from~~ ~~whom the eligible employee or the eligible employee's~~ minor child or dependent is receiving services.

I understand I may ~~that the district requires me to~~ use ~~any~~ accrued ~~paid~~ leave, including ~~sick leave, vacation,~~ ~~personal~~ ~~leave~~ ~~days~~ or any other paid leave that is offered ~~time established~~ by the district ~~Board policy(ies) and/or collective bargaining agreement~~ ~~[in the order specified by the~~ ~~[district]~~ ~~[applicable collective bargaining agreement]]~~.

If my request for a leave is approved, I understand ~~it is my understanding~~ that without an authorized extension when the need for an extension could be anticipated, I must report to duty on the first workday following the date my leave is scheduled to end. ~~I understand that failure to do so will constitute unequivocal notice of my intent not to return to work and the district may terminate my employment.~~ I understand if I am unable to return to work following the period of authorized leave, I will notify ~~the district~~ ~~my employer~~ as soon as practical and provide any required information which will allow ~~the district~~ ~~my employer~~ to determine my eligibility for an extension of leave.

I authorize the district to deduct from my paychecks ~~or seek to recover~~ any ~~amounts paid~~ ~~employee contributions~~ for ~~health~~ insurance ~~coverage~~ by the district on my behalf ~~premiums, life insurance or long term disability insurance~~ which remain unpaid after my leave, consistent with state law.

Signature of ~~employee~~ ~~Employee~~: _____ Date: _____

The following has been provided by the employee to certify the need for the requested leave:

- A copy of a report from law enforcement indicating myself that the eligible employee or my the eligible employee's minor child or dependent is was a victim or alleged victim of domestic violence, harassment, sexual assault, bias, or stalking.
- A copy of a protective order or or any other order that restrains an individual from contact with an eligible employee or the employee's minor child or dependent, evidence from a court, administrative agency or attorney that I or my minor child or dependent the eligible employee appeared in or is preparing for a civil or criminal administrative proceeding related to domestic violence, harassment, sexual assault, bias, or stalking or other order authorized by ORS 30.866, 107.095(1)(c), 107.700-107.735, 124.005-124.040 or 163.730-163.750.
- Documentation from an attorney, law enforcement officer, health care professional, licensed mental health professional or counselor, member of the clergy, employee of the Department of Justice division providing victim and survivor services or victim services provider that I with or my from whom the eligible employee or the eligible employee's minor child or dependent is receiving services.

I understand I may that the district requires me to use any accrued paid leave, including sick leave, vacation, personal leave days or any other paid leave that is offered time established by the district Board policy(ies) and/or collective bargaining agreement in the order specified by the district.

If my request for a leave is approved, I understand it is my understanding that without an authorized extension when the need for an extension could be anticipated, I must report to duty on the first workday following the date my leave is scheduled to end. I understand that failure to do so will constitute unequivocal notice of my intent not to return to work and the district may terminate my employment. I understand if I am unable to return to work following the period of authorized leave, I will notify the district my employer as soon as practical and provide any required information which will allow the district my employer to determine my eligibility for an extension of leave.

I authorize the district to deduct from my paychecks or seek to recover any amounts paid employee contributions for health insurance coverage by the district on my behalf premiums, life insurance or long term disability insurance which remain unpaid after my leave, consistent with state law.

Signature of employee Employee: _____

Date: _____

Corrected 12/16/24

