Domestic and family violence declaration form

Employee name: _____ **Employee ID:** _____

Calendar year: _____

Domestic and family violence may be committed by anyone within the victim's domestic circle—such as a partner, ex-partner, immediate family member, relative, or family friend.

This form is to be used by employees when accessing domestic and family violence leave (up to 20 days per calendar year) and progressively updated for each occasion of leave taken. Attach the completed form to each leave request or, for casual employees, provide to your principal or manager to support the casual timesheet entry.

Declaration by employee
Leave has been requested on the following occasions to manage the impacts of the domestic and family violence that I am experiencing.

By signing this form, the employee and principal or manager confirm the appropriate use of leave due to the occurrence of domestic and family violence.

Date of leave	No. of days	School name or site location	Employment type (permanent, temporary or casual)	Employee signature	Principal or manager signature