

## Sample notice form

### Domestic violence and sexualized violence job-protected leave notification form

*This form is provided to record only critical information. Employers must protect employee confidentiality and privacy by sharing this form only where absolutely necessary, such as with Human Resources and keeping just one copy in a secure area. Employers cannot ask for proof or verification. This leave is NOT discretionary leave.*

An employee may be asked to submit this form before taking the domestic violence and sexualized job-protected leave.

I, \_\_\_\_\_, will be taking leave from work to support myself or support another person following an experience of domestic or sexualized violence.

My leave will begin on \_\_\_\_\_.  
(date)

The leave will end on \_\_\_\_\_.  
(date)

If any of the above changes, I will notify you as soon as possible.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Employment Standards Office  
867-667-5944 or [eso@yukon.ca](mailto:eso@yukon.ca)  
More support: [Victim Services](#)