



OFFICE OF ADMINISTRATION ADMINISTRATIVE POLICY

POLICY TITLE: Domestic and Sexual Violence Leave and Reasonable Safety Accommodations	AUTHORIZED BY: Kenneth J. Zellers Acting Commissioner
POLICY : C-20	PAGE: 1 of 4
ISSUED: October 27, 2021	REVISED:

I. Purpose

The purpose of this policy is to provide employees with information regarding Domestic and Sexual Violence Leave and reasonable safety accommodations provided pursuant to Sections 285.625 – 285.670, RSMo.

OA institutes this policy as part of its commitment to a safer and more supportive organizational climate and in an effort to aid in the prevention and reduction of the incidence and effects of domestic and sexual violence for its workforce.

II. Applicability

This policy applies to all Office of Administration (“OA”) employees whether full-time, part-time, or temporary.

III. Definitions

Terms used in this policy and the accompanying forms that are defined in Section 285.625, RSMo, have the same definitions as in that statute.

IV. Leave

A. General Provisions

1. An employee who is a victim of domestic or sexual violence or who has a family or household member who is a victim of domestic or sexual violence may take up to a total of two workweeks of unpaid leave (“Domestic and Sexual Violence Leave” or “Leave”), or 80 hours, during a twelve-month period for any of the following reasons:
 - a. Seeking medical attention for, or recovering from, physical or psychological injuries caused by domestic or sexual violence to the employee or the employee’s family or household member;
 - b. Obtaining services from a victim services organization for the employee or the employee’s family or household member;
 - c. Obtaining psychological or other counseling for the employee or the employee’s family or household member;
 - d. Participating in safety planning, temporarily or permanently relocating, or taking other actions to increase the safety of the employee or the employee’s family or household member from future domestic or sexual violence or to ensure economic security; or
 - e. Seeking legal assistance or remedies to ensure the health and safety of the employee or the employee’s family or household member, including preparing for or



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participating in any civil or criminal legal proceeding related to or derived from domestic or sexual violence.

2. The twelve-month period begins on the first date of Leave the employee takes.
3. The Leave may be taken full-time, intermittently, or on a reduced-schedule basis in at least 15-minute increments.
4. An employee is not permitted to take Leave for a family or household member with interests adverse to the employee as it relates to domestic or sexual violence.
5. Employees may choose to use accrued annual leave, compensatory time, or where otherwise permissible, sick leave concurrently with Domestic and Sexual Violence Leave in order to receive pay during the Leave. However, employees shall not be required to use such leaves concurrently with Domestic and Sexual Violence Leave.
6. If the reason for Leave is also a qualifying event for leave under the Family and Medical Leave Act (FMLA), then the employee will be notified in accordance with the procedures outlined in [OA Policy B-35 Family and Medical Leave Act](#).
7. During any period that an employee takes Leave, OA will maintain health insurance coverage for the employee and any family or household member for the duration of the Leave at the level and under the conditions coverage would have been provided if the employee had continued in employment continuously for the duration of such Leave.
8. OA may recover from the employee the premium paid for maintaining health care coverage for the employee and the employee's family or household member during any period of Leave if the employee fails to return from Leave after the period of Leave to which the employee is entitled has expired for a reason other than the continuation, recurrence, or onset of domestic violence, sexual violence, abuse, a sexual assault, or human trafficking that entitled the employee to Leave, or other circumstances beyond the control of the employee.
9. Employees on Leave may be required to report periodically to their supervisor or other designee regarding the status and intention of the employee to return to work.
10. All information provided to OA from the employee shall be treated as confidential by OA, except to the extent that the disclosure is requested or consented to in writing by the employee, or otherwise required by applicable federal or state law.



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B. Requests for Leave

1. An employee shall request Leave by completing the attached Domestic and Sexual Violence Leave Request and Certification form. The form should be completed prior to the Leave when practicable but may be completed after the Leave has commenced or concluded. Employees should submit their Leave form to their supervisor or Human Resources. If requested, an employee shall provide corroborating evidence of eligibility for the Leave within a reasonable period.
2. The employee shall provide at least forty-eight hours' advance notice of the employee's intention to take Leave unless providing such notice is not practicable. If providing 48 hours' notice is not practicable, the employee shall provide as much advance notice as reasonably possible under the circumstances. The employee may use the Domestic and Sexual Violence Leave Request and Certification Form to provide notice or may provide notice via other appropriate means.
3. Employees shall report Leave using the applicable leave codes in the Enterprise Time Application (ETA) system. The following codes are available:
 - a. LNPDV: Unpaid leave – Domestic or Sexual Violence (Not FMLA)
 - b. LNPDF: Unpaid leave – Domestic or Sexual Violence (FMLA)
 - c. ALDV: Annual leave – Domestic or Sexual Violence (Not FMLA)
 - d. ALDVF: Annual leave – Domestic or Sexual Violence (FMLA)
 - e. SLDV: Sick Leave – Domestic or Sexual Violence (Not FMLA)
 - f. SLDFV: Sick Leave – Domestic or Sexual Violence (FMLA)
 - g. FCDV: Federal Comp Time – Domestic or Sexual Violence (Not FMLA)
 - h. FCDVF: Federal Comp Time – Domestic or Sexual Violence (FMLA)
 - i. SCDV: State Comp Time – Domestic or Sexual Violence (Not FMLA)
 - j. SCDVF: State Comp Time – Domestic or Sexual Violence (FMLA)
 - k. HCDV: Holiday Comp Time – Domestic or Sexual Violence (Not FMLA)
 - l. HCDVF: Holiday Comp Time – Domestic or Sexual Violence (FMLA)

V. Requests for Reasonable Safety Accommodations

- A. OA will make reasonable safety accommodations, in a timely manner, to the known limitations resulting from circumstances relating to an employee being a victim of domestic or sexual violence or a family or household member of a victim of domestic or sexual violence whose interests are not adverse to the employee related to the domestic or sexual violence or abuse.



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- B. Reasonable accommodations may include an adjustment to a job structure, workplace facility, or work requirement, including a transfer, reassignment, modified schedule, leave, a changed telephone number or seating assignment, installation of a lock, implementation of a safety procedure, or assistance in documenting domestic violence that occurs in the workplace or in work-related settings, in response to actual or threatened domestic violence. Any exigent circumstances or danger facing the employee or his or her family or household member shall be considered in determining whether the accommodation is reasonable. An accommodation that would impose an undue hardship on the operation of OA will not be made.

- C. The employee requesting an accommodation shall provide their supervisor or Human Resources with a completed Request for Reasonable Safety Accommodation form (attached to this policy).



STATE OF MISSOURI
**DOMESTIC AND SEXUAL VIOLENCE LEAVE
 REQUEST AND CERTIFICATION FORM**

Complete this form and receive approval before entering time into ETA as Domestic and Sexual Violence Leave.

EMPLOYEE INFORMATION

Last Name _____

First Name _____

Division _____

Phone Number _____

Email Address _____

DATES FOR WHICH LEAVE IS REQUESTED

If intermittent or reduced schedule leave is to be used, please coordinate your work schedule with your immediate supervisor.

_____ Through _____
 Leave Start Date Leave End Date

- Intermittent Reduced Schedule
 Full Days

LEAVE INFORMATION

Indicate below if the Domestic and Sexual Violence Leave is for yourself, a family member, or member of your household.

- I am requesting Domestic and Sexual Violence Leave for myself
 I am requesting Domestic and Sexual Violence Leave for a family member or member of my household

Relationship to this person _____

REASON(S) FOR LEAVE

Indicate below the reason(s) for taking time off as Domestic and Sexual Violence Leave.

I am requesting Domestic and Sexual Violence Leave for the following: (Please check all that are applicable)

- (1) Seeking medical attention for, or recovering from, physical or psychological injuries caused by domestic or sexual violence to myself, my family or my household member.
- (2) Obtaining services from a victim services organization for myself, my family or my household member.
- (3) Obtaining psychological or other counseling for myself, my family or my household member.
- (4) Participating in safety planning, temporarily or permanently relocating, or taking other actions to increase the safety of myself, my family or my household member from future domestic or sexual violence or to ensure economic security.
- (5) Seeking legal assistance or remedies to ensure the health and safety of myself, my family or my household member, including preparing for or participating in any civil or criminal legal proceeding related to or derived from the domestic or sexual violence.

ACKNOWLEDGMENT

I understand that I must provide one of the following within a reasonable period if requested:

- (1) Documentation from an employee, agent, or volunteer of a victim services organization, an attorney, a member of the clergy, or a medical or other professional from whom I or my family or household member has sought assistance in addressing domestic violence or sexual violence and the effects of such violence;
- (2) A police or court record; or
- (3) Other corroborating evidence of my eligibility for the leave requested.

I certify that I or my family or household member is a victim of domestic or sexual violence and the requested leave is for the reason(s) I selected above.

Name _____

Date _____



STATE OF MISSOURI
EMPLOYEE REQUEST FOR REASONABLE SAFETY ACCOMODATION

Employee Information

Last Name

First Name

Division

Telephone Number

Email Address

Basis for and Nature of Accommodation

Please explain the basis for your request and identify the reasonable safety accommodation(s) you are requesting. Attach additional documents if necessary.

Relationship

I am requesting this accommodation because:

I am a victim of domestic or sexual violence

My family or household member is a victim of domestic or sexual violence

My family or household member's interests are not adverse to mine relative to the domestic or sexual violence

Acknowledgement

I certify that I or a member of my family is a victim of domestic or sexual violence and that the reasonable safety accommodation is for a purpose authorized under section 285.625 to 285.670, RSMo.

Signature

Date