**WITNESS AND VICTIM OF CRIME LEAVE POLICY**

**CRIMINAL PROCEEDINGS**

Criminal proceedings

[EMPLOYER'S NAME] recognizes that employees may be required to attend criminal legal proceedings, either as a witness or because they or a close family member have been victims of a criminal act. [EMPLOYER'S NAME] authorizes leave for such circumstances, as outlined in this policy.

If you need to attend a criminal proceeding as a witness or a victim (or on behalf of a close family member who is a victim), you must notify [Human Resources/your manager] as soon as possible to arrange a leave of absence. [EMPLOYER'S NAME] reserves the right to request proof of the need to attend the criminal proceedings, as permitted by law.

Employees who are required to attend criminal proceedings for reasons covered by this policy will take leave [paid/unpaid/paid for the first [NUMBER] days; for any additional days, leave will be unpaid]. [Employees may use any available accrued vacation time to cover unpaid leave.]

This policy complies with all applicable federal, state, and local laws, including those specific to Rhode Island. In cases where state laws provide more favorable benefits or protections, the state provisions will apply.

Definition of close family member

For purposes of this policy, a "close family member" includes (and may be modified to comply with state law):

* Spouse [or domestic partner.]
* Parent.
* Step-parent.
* Parent-in-law.
* Sibling.
* Brother-in-law.
* Sister-in-law.
* Child.
* Step-child.
* Son-in-law.
* Daughter-in-law.
* [Grandparent.]
* [Grandchild.]
* [Aunt.]
* [Uncle.]
* [Niece.]
* [Nephew.]

Return to work

You are expected to return to work if excused from the criminal proceedings during regular working hours or released earlier than expected.

This policy does not extend leave to employees who are seeking time off due to committing or being accused of committing a criminal act.

**CIVIL PROCEEDINGS**

Participation in civil proceedings

[EMPLOYER'S NAME] acknowledges that employees may occasionally be required to participate in civil proceedings as witnesses. [EMPLOYER'S NAME] authorizes leave for such participation.

If you are summoned to attend a civil proceeding as a witness, you must inform [Human Resources/your manager] immediately upon receiving the summons to arrange for a leave of absence. [EMPLOYER'S NAME] reserves the right to request proof of the need to attend the civil proceedings, to the extent permitted by law.

Employees who are required to attend civil proceedings for reasons covered by this policy will take leave [paid/unpaid/paid for the first [NUMBER] days; for any additional days, leave will be unpaid]. [Employees may choose to use any accrued vacation time to cover any unpaid leave.]

Return to work

You are expected to return to work if excused from the civil proceedings during regular working hours or if released earlier than expected.

This policy does not apply to employees seeking leave because they or their family member(s) are a party to a civil lawsuit.

**NO RETALIATION**

Retaliation against an employee for taking leave allowed under this policy is strictly prohibited. [EMPLOYER'S NAME] is committed to ensuring that employees can exercise their rights under this policy without fear of retaliation.

**POLICY ADMINISTRATION**

The [DEPARTMENT NAME] Department is responsible for the management and enforcement of this policy. If you have any questions about this policy or need clarification regarding witness and crime victim leave that is not addressed here, please contact the [DEPARTMENT NAME] Department.

Employees who abuse or misuse this policy will be subject to disciplinary action, up to and including termination of employment.

**APPLICABILITY TO COLLECTIVE BARGAINING AGREEMENTS**

The provisions of this policy are designed to work alongside, and do not replace, modify, or supplement, any terms or conditions outlined in a collective bargaining agreement (CBA) between a union and [EMPLOYER'S NAME].

Employees should consult their collective bargaining agreement for clarification. In the event of any discrepancies between this policy and the terms outlined in the CBA, the CBA provisions will take precedence.

**ACKNOWLEDGEMENT OF RECEIPT AND REVIEW**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name), acknowledge that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), I received and reviewed a copy of [EMPLOYER'S NAME]’s [NAME OF POLICY]. I understand that it is my responsibility to familiarize myself with the policy and adhere to its terms.

I also acknowledge that this policy is not intended to create an employment contract or alter my at-will employment status, unless otherwise specified in a written agreement signed by an authorized representative of [EMPLOYER'S NAME]. Any delay or failure by [EMPLOYER'S NAME] to enforce the provisions of this policy does not constitute a waiver of its rights to enforce them in the future.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date