

**APPENDIX 4**  
**ASSAULT LEAVE REPORT FORM**

Employee's Name: \_\_\_\_\_

Date of Assault: \_\_\_\_\_ Location: \_\_\_\_\_

Describe the assault:

Describe any physical injury:

Describe any pre-existing physical conditions and/or illness:

State the name and address of all physicians which you have been treated by for the condition arising from the alleged assault and the dates that you were treated by each physician:

List the names of witnesses to the assault: \_\_\_\_\_

Did you file a police report? \_\_\_\_\_

If a police report was filed, state the name of the law enforcement agency, the date of filing, and attach a copy of the police report: \_\_\_\_\_

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I hereby certify that the requested assault leave is not being used in violation of the Agreement, Article 8, Paragraph E, Assault Leave.

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_