

VESSA REQUEST FORM

The Victim's Economic Security and Safety Act (VESSA)

Initial Request Extension

Employee Status: Full-Time Part-Time

In compliance with the Victims Economic Security and Safety Act of 2003 (VESSA), City Colleges of Chicago provides 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, with up to twelve (12) workweeks of unpaid VESSA leave during each consecutive twelve month period for which eligibility criteria have been met. The initial twelve month period is measured forward from the date the employee first takes VESSA leave. The next twelve month period begins the first time VESSA leave is taken after completion of any previous twelve month period. Employees may substitute accrued sick leave (for medical reasons), vacation and personal leave for unpaid VESSA leave. Requests for VESSA leave should be made 48 hours in advance of the leave, unless not practicable. VESSA leaves are granted by the Human Resources Department.

TO BE COMPLETED BY EMPLOYEE

EMPLOYEE INFORMATION:

Name: _____	Employee ID: _____
Work Location: _____	Department: _____
Position Title: _____	Home Telephone No.: _____
Job Family: _____	Work Telephone No.: _____

REASON FOR LEAVE:

<input type="checkbox"/> To seek medical attention* for, or recovery from, physical or psychological injuries caused by domestic or sexual violence to the employee or employee's family or household member.	<input type="checkbox"/> To participate in safety planning , including temporary or permanent relocation or other actions to increase the safety of the victim from future domestic or sexual violence.
<input type="checkbox"/> To obtain victim services for the employee or employee's family or household.	<input type="checkbox"/> To seek legal assistance to ensure the health and safety of the victim, including participating in court proceedings related to the violence.
<input type="checkbox"/> To obtain psychological or other counseling for the employee or employee's family or household member.	<i>* FMLA Medical Certification required if an unpaid leave for a serious health condition.</i>

REQUEST TO USE BENEFITS:

**NOTE, IF NO AMOUNTS ARE ENTERED, THE LEAVE WILL BE UNPAID.
MARK ALL THAT APPLY**

<input type="checkbox"/> Vacation: from _____ to _____;	Total number used _____.
<input type="checkbox"/> Personal: from _____ to _____;	Total number used _____.
<input type="checkbox"/> Sick *: from _____ to _____;	Total number used _____.

** Sick leave can ONLY be applied if the leave time is for medical reasons.*

EXPECTED DURATION:

LEAVE WILL BE TAKEN AS (check one):

A block of time from _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy)

Intermittently (e.g. separate blocks of time) from _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy)

Temporarily reduced work schedule (please describe on separate sheet)

I have read the VESSA Leave Policy and understand all my rights and obligations under this Policy. I also understand that any leave taken as designated VESSA leave (paid and/or unpaid) that also qualifies as an FMLA event will count toward my twelve week FMLA leave entitlement. I certify and affirm that all information provided is true and accurate.

Signature of Employee Date

Signature of College Human Resources Administrator Date

FOR DISTRICT OFFICE OF HUMAN RESOURCES USE ONLY: Approved: Yes No

Signature of Human Resources Representative Date

TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT

Employee Name: _____

Employee ID# _____

1. Employee Eligibility

Is the employee in active status? **Yes No**

2. Reason for Leave

- Domestic or sexual violence of employee
- Domestic or sexual violence of family or household member

3. Certification Requirements (check all that apply)

- Has the employee provided a sworn statement that he/she is a victim of domestic or sexual violence or has a family or household member (defined as a spouse, parent, son, daughter, and persons jointly residing in the same household) who is a victim? (Completion of the Leave Request Form with the employee’s signature satisfies this requirement.)

AND

Documentation from:

- An employee, agent, or volunteer of a victim services organization; or
- An attorney; or
- A member of the clergy; or
- Medical or other professional from whom the employee or employee’s family or household member has sought assistance in addressing domestic or sexual violence and the effects of violence; or
- A police or court record; or
- Other corroborating evidence.

4. Is the reason for the leave because of the employee’s parent, child, or spouse’s serious health condition? **Yes No**
(If yes, the employee must complete the FMLA application.)

5. Is the reason for the leave because of the employee’s serious health condition? **Yes No**
(If yes, employee must complete the FMLA application.)

6. If you answered “Yes” to 4 or 5, has the employee provided the FMLA medical certification (which is required for employee’s own or family member’s serious health condition) to support the request for leave? **Yes No**

7. The employee has _____ number of weeks/hours of VESSA leave entitlement remaining at the time of this leave request.

Based on the answers above, is the employee eligible for VESSA leave? **Yes No**

If “No”, state reason.

Authorized Human Resources Signature

Date