



Victims Economic Security and Safety Act (VESSA) Leave of Absence Request Form

PLEASE PRINT

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dept. Name: \_\_\_\_\_

REASON FOR LEAVE REQUEST

\_\_\_\_\_ Domestic or sexual violence of employee

\_\_\_\_\_ Domestic or sexual violence of family or household member

Name of individual: \_\_\_\_\_ Relationship: \_\_\_\_\_

EXPECTED DURATION OF THE REQUESTED LEAVE

\_\_\_\_\_ BLOCK OF TIME – from \_\_\_\_\_ to \_\_\_\_\_ (month/day/year) (month/day/year)

\_\_\_\_\_ INTERMITTENT LEAVE\*: \_\_\_\_\_ Describe anticipated frequency and duration

REQUEST TO USE AND CONTINUE BENEFITS

I request to use the following paid time off during the leave:

\_\_\_\_\_ Apply all vacation OR \_\_\_\_\_ hours/days of vacation
\_\_\_\_\_ Apply all personal holidays OR \_\_\_\_\_ hours/days of personal holidays
\_\_\_\_\_ Apply all sick leave OR \_\_\_\_\_ hours/days of sick leave
(Sick leave may only be applied if the leave is for the employee's own medical reasons).

I request the following benefits be continued during the leave:

\_\_\_\_\_ Medical Insurance \_\_\_\_\_ Life Insurance \_\_\_\_\_ Personal Accident Insurance
\_\_\_\_\_ Dental Insurance \_\_\_\_\_ Long-Term Disability

The Victims' Economic Security and Safety Act (VESSA) grants employees who are or have family or household members who are victims of domestic or sexual violence up to twelve weeks of unpaid leave during any twelve (12) month period to seek medical attention, legal assistance, counseling, safety planning, and other assistance. Your entitlement to VESSA leave is limited to twelve (12) weeks per twelve (12) month period calculated from the beginning of your last VESSA leave. You may use accrued vacation, personal holiday, and sick leave (if the leave is for your own medical reasons) during any approved VESSA leave. Any approved VESSA leave that also qualifies as an FMLA event will count toward your FMLA leave entitlement. Please complete this form and submit it to HR-Leave Administration at least 48 hours before the leave, unless providing advance notice is not practicable.

Please submit certification to HR- Leave Administration of the need for leave in the form of your sworn statement and documentation from a victim service organization, an attorney, a member of the clergy, a medical or other professional from whom assistance in addressing the violence and its effects has been sought, the police, or a court or other corroborating evidence within 15 days of the leave request.

Your supervisor may require you to report periodically on your status and intention to return to work. You are entitled to return to the same or equivalent job with the same pay and benefits held prior to VESSA leave. Failure to return to work at the end of approved leave will result in termination of employment, unless you have been approved for an additional leave of absence or other reasonable accommodation as required by law.



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If you elect, the University will continue certain benefits during the leave, on the same basis as if you had been actively at work. You must make arrangements with HRS - Benefits for payment of your share of any required premiums to continue benefits coverage during the leave. Failure to return to work at the end of an authorized leave may result in liability for medical and other premiums paid by the University on your behalf during the leave.

**I have reviewed and understand the conditions of my leave of absence request as stated above, and certify and affirm that all information is true and accurate.**

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date



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-----To Be Completed by HR only-----

ACCRUALS: SICK \_\_\_\_\_ PERSONAL \_\_\_\_\_ VACATION \_\_\_\_\_

\_\_\_\_\_  
Department HR Administrator Signature

Leave Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

\_\_\_\_\_  
HR-Leave Administration Date