

Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone: 618.650.2190 | Fax: 618.650.2646 | benefitshr@siue.edu

The **Victims' Economic Security and Safety Act (VESSA)** provides an employee who is a victim of domestic or sexual violence, or who has a family or household member (spouse, parent, child, and persons jointly residing in the same household) who is a victim of such violence, to take up to twelve (12) weeks of unpaid leave (accrued benefits may be able to be used to remain in paid status) per any twelve (12) month period to seek medical help, legal assistance, counseling, safety planning, and other assistance.

Employee's Name (Last, First): _____ Banner ID: 800

Reason for Leave-Check all that apply:

- 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
- Obtain victim services for the employee or employee's family or household member
- Obtain psychological or other counseling for the employee or the employee's family or household member
- 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
- Seek legal assistance to ensure the health and safety of the victim, including participating in court proceedings related to the violence

***FMLA paperwork will be required for time taken due to a serious health condition (lasting more than three days or due to time taken intermittently due to a medical condition).**

Request to use paid benefits:

- Vacation from _____ to _____ Total hours used: _____
- Sick from _____ to _____ Total hours used: _____
- Other (specify): _____ from _____ to _____ Total hours used: _____
- *Unpaid from _____ to _____ Total hours used: _____

Employee must also indicate the time used on his/her time sheet. *If the employee chooses to go unpaid, the department must complete the Payroll/Personnel Reporting Form timely for salaried employees and use the Absence without Pay code 901 when reporting time for hourly employees.

Expected duration; Leave will be taken as:

- Block time from _____ to _____
- Intermittent time from _____ to _____
- Temporary reduced schedule (please attach a sheet with the requested work schedule)

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

Employee Signature: _____ **Date:** _____