

City of Chicago  
**REQUEST FOR VESSA ACCOMMODATION FORM**

EMPLOYEE INFORMATION

Name:	Employee #:
Job Title:	Phone:
Department/Bureau/Division:	

**SECTION 1**

*EMPLOYEE SHOULD COMPLETE THIS SECTION AND SUBMIT TO HUMAN RESOURCES LIAISON TO COMPLETE SECTION 2*

**Reason for accommodation request (check one):**

<input type="checkbox"/>	Domestic or sexual violence of employee
<input type="checkbox"/>	Domestic or sexual violence of family or household member

In the space below, please explain the accommodation you are requesting. Possible accommodations may include adjusting your work schedule, changing your telephone number or implementing a safety procedure. If you are seeking leave from work (taken either continuously or on an intermittent basis) or a reduced work schedule, do not fill out this form; fill out the VESSA Leave Form instead.

Along with this form, you MUST SUBMIT at least one of the following:

- Documentation from a victim services organization, attorney, health care provider, or other professional from whom assistance has been sought
- A police report
- A court order of protection
- Other corroborating written evidence of the need for leave

**I have read the VESSA Leave Policy and understand all my rights and obligations under this policy. I certify and affirm that all information provided is true and accurate.**

Employee Signature:	Date:
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**SECTION 2**

TO BE COMPLETED BY THE DEPARTMENT HUMAN RESOURCES LIAISON

Is the employee in active status? **YES / NO**

Has the employee provided certification that he/she is a victim of domestic or sexual violence or that he/she has a family or household member (spouse, parent, son, daughter, or person jointly residing in the same household) who is a victim of domestic or sexual violence? **YES / NO**

**What type of certified documentation has been provided (check all that apply):**

<input type="checkbox"/>	Documentation from a victim services organization, attorney, healthcare provider, or other professional from whom assistance has been sought
<input type="checkbox"/>	A police report
<input type="checkbox"/>	A court order of protection
<input type="checkbox"/>	Other corroborating written evidence of the need for leave

**Based on the answers above, is the employee eligible for a VESSA accommodation? YES / NO**

**If no, state reason(s)** \*\*If the department believes that the employee is not eligible for VESSA leave, contact the Department of Human Resources before denying the request\*\*:

**Please sign below to indicate your review of and response to this VESSA accommodation request.**

HR Liaison Signature:

Date: