

City of Chicago
REQUEST FOR VESSA LEAVE FORM

EMPLOYEE INFORMATION

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

SECTION 1

THIS SECTION SHOULD BE COMPLETED BY THE EMPLOYEE AND **SUBMITTED TO HUMAN RESOURCE LIAISON AT LEAST 48 HOURS BEFORE TAKING ANY LEAVE, IF POSSIBLE.**

IF THIS IS THE FIRST REQUEST FOR LEAVE:

Reason for leave request (check one):

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

Expected duration (check one):

<input type="checkbox"/>	Leave will be taken from (month/day/year):		to:	
<input type="checkbox"/>	Leave will be taken intermittently. Anticipated first date (m/d/y):			
<input type="checkbox"/>	Request for alternative work schedule or reduced work hours.			

If you are requesting an alternative work schedule or reduced work hours, please describe below.

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

IF THIS IS A NOTIFICATION OF UPCOMING LEAVE DATES AND VESSA LEAVE HAS PREVIOUSLY BEEN APPROVED:

I will be utilizing my VESSA rights and will be taking leave on _____.

(If leave will be for an extended period of time, until _____)

Reason for this 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

IF THIS IS THE FIRST REQUEST FOR LEAVE:

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 VESSA leave? 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**:

IF THIS IS A NOTIFICATION OF UPCOMING LEAVE DATES AND VESSA LEAVE HAS PREVIOUSLY BEEN APPROVED:

Is the request for leave in this form approved? **YES / NO**

Current balance of hours VESSA leave remaining prior to the taking of this leave:

This form can be used retroactively to classify leave taken without notification as VESSA leave. **Please sign below to indicate your review of and response to this VESSA leave request.**

HR Liaison Signature:

Date: