

**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

**I request the following benefits be continued during the leave:**

\_\_\_\_\_ Medical Insurance \_\_\_\_\_ Vision Insurance \_\_\_\_\_ Long-Term Disability Insurance

\_\_\_\_\_ Dental Insurance \_\_\_\_\_ Life Insurance \_\_\_\_\_ Personal Accident Insurance

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

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 during any approved VESSA leave. Any approved VESSA leave that also qualifies as an FMLA event will count toward your FMLA leave entitlement.

**Please upload certification to Workday** 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.

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 HR Benefits / Leave Administration 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 reviewed and understand the conditions of my leave request as stated above, and certify that all information is true and accurate.**

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Employee's Signature

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Date

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

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

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Department HR Administrator

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Date

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E-mail address (please print)

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HR Leave Administration

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Date

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