

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

EMPLOYEE INFORMATION

Name:		Employee #:	
Job Title:		Supervisor:	
Best email address for contact:		Best phone number for contact:	
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, sexual, or gender violence, stalking, or any other crime of violence against employee
<input type="checkbox"/>	Domestic, sexual, or gender violence, stalking, or any other crime of violence against family or household member
<input type="checkbox"/>	Death of a family or household member who is killed in a crime of violence (up to 2 week or 10 working day maximum)

**Expected duration (check all that apply):**

<input type="checkbox"/>	Continuous leave will be taken from (mm/dd/yyyy):	to:
<input type="checkbox"/>	Leave will be taken intermittently. Anticipated first date (mm/dd/yyyy):	
<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, a member of the clergy, a health care provider, or other professional from whom assistance has been sought
- A police report, court, or military record
- A death certificate, published obituary, or written verification of death, burial, or memorial services from a mortuary, funeral home, burial society, crematorium, religious institution, or government agency, documenting that a victim was killed in a crime of violence
- 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:
---------------------	-------

**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 they are a victim of domestic, sexual, or gender violence, stalking, or any other crime of violence, or that they have a family or household member (spouse or party to a civil union, parent, grandparent, child, grandchild, sibling, or any other person related by blood or by present or prior marriage or civil union, other person who shares a relationship through a child, or any other individual whose close association with the employee is the equivalent of a family relationship as determined by the employee, and persons jointly residing in the same household) who is a victim of domestic, sexual, or gender violence, stalking, or any other crime of 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, a member of the clergy, a health care provider, or other professional from whom assistance has been sought
<input type="checkbox"/>	A police report, court, or military record
<input type="checkbox"/>	A death certificate, published obituary, or written verification of death, burial, or memorial services from a mortuary, funeral home, burial society, crematorium, religious institution, or government agency, documenting that a victim was killed in a crime of violence
<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 leave is due to the death of a family or household member who is killed in a crime of violence, is the employee also eligible and entitled to take unpaid bereavement leave under the Illinois Family Bereavement Leave Act for this reason? 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: