



COOK COUNTY SCHOOL DISTRICT 130

Human Resources Department

12300 S. Greenwood Avenue
Blue Island, IL 60406

Telephone: (708) 385-6800
Facsimile: (708) 385-8467

VESSA Request Form

The Victim's Economic Security and Safety Act (VESSA)

In compliance with the Victims Economic Security and Safety Act of 2003 (VESSA), Cook County School District 130 will make an unpaid leave from work available to any staff member who: (1) is a victim of domestic or sexual violence, or (2) has a family, or household member who is a victim of domestic or sexual violence whose interests are not adverse to the employee as it relates to the domestic or sexual violence. The unpaid leave allows the employee to seek medical help, legal assistance, counseling, safety planning, and other assistance without suffering adverse employment action. The Victim's Economic Security and Safety Act, governs the purpose, requirements, scheduling, and continuity of benefits, and all other terms of the leave. Accordingly, an employee is entitled to a total of 12 workweeks of unpaid leave during any 12-month period. Neither the law nor this policy creates a right for an employee to take unpaid leave that exceeds the unpaid leave time allowed under, or is in addition to the unpaid leave time permitted by, the federal Family and Medical Leave Act of 1993. Please see Board Policy 5:250 *Leaves of Absence* for more information. VESSA leaves are granted by the Human Resources Department.

TO BE COMPLETED BY THE EMPLOYEE

Employee Information:

Name: _____ Building: _____

Title: _____ Phone #: _____

Leave Request For:

- Domestic or sexual violence of employee.
- Domestic or sexual violence of employee's family or household member.
Relationship to family or household member: _____

Reason for Leave:

- To seek medical attention for, or recovery from, physical or psychological injuries caused by domestic or sexual violence to the employee or the employee's family or household member.
- To obtain victim services for the employee or employee's family or household member.
- To obtain psychological or other counseling for the employee or employee's family or household member.



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- To 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.
- To seek legal assistance to ensure the health and safety of the victim, including participating in court proceedings related to the violence.

Benefit Request:

- Vacation days to be used Total number: _____
- Sick days to be used Total number: _____
- Personal days to be used Total number: _____

*Please note that all VESSA leaves are unpaid. However, the District will allow you to take any accumulated sick, personal, or vacation leave that you may have.

Leave Duration:

- Consecutive Leave
- Intermittent Leave
- Reduced Work Schedule

When submitting this form, you must submit at least one of the following: (1) Documentation from a victim services organization, attorney, health care provider, or other professional from whom assistance has been sought; (2) A police report; (3) A court order of protection; (4) Other corroborating official reports and/or documentation of the need for leave.

I have read the Victims Economic Security and Safety Act of 2003 and Board Policy 5:250 *Leaves of Absence* and understand all of my rights, obligations, and responsibilities. In addition, I understand that my VESSA leave qualifies as an FMLA event and will count toward my 12 workweeks (60 workdays) FMLA leave entitlement. I affirm and certify that all of the information that I have provided is true and accurate.

Employee Signature

Date

Human Resources Signature

Date



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TO BE COMPLETED BY THE EMPLOYER

Approved Estimated Leave Dates _____

Denied

If denied, state reason here: _____
