

Village of Mount Prospect
Mount Prospect, Illinois



Victims' Economic Security and Safety Act (VESSA) Policy

Victims' Economic Security and Safety Act Leave forms to be submitted by the employee:

1. Application for Victims' Economic Security and Safety Act Leave Form (enclosed)
2. Documentation from:
 - a. A victim services organization, attorney, member of the clergy, or medical or other professional from whom the employee or the employee's family or household member has sought assistance (*e.g., name and address of the organization, name of individual providing treatment, initial date of treatment, etc.*).
 - b. A police or court record: **or**
 - c. Other corroborating evidence.

Note: The Employer will maintain the confidentiality of all information pertaining to the use of VESSA leave, notice of an employee's intention to take VESSA leave and certification provided by the employee.

2. Health Insurance Portability and Accountability Act (HIPAA) Release Form (enclosed), if relevant and applicable.
3. Victims' Economic Security and Safety Act (VESSA) Leave – Employee Authorization of Voluntary Payroll Deductions to Ensure Continuation of Health Care Deductions While on VESSA Approved Leave



Application for Victims' Economic Security and Safety Act (VESSA) Leave and Sworn Statement for Need for VESSA Leave

Employee Name: _____ Date of Request: _____
(Print name)

Department: _____ Position Title: _____

By my signature below, I swear and certify that I am seeking time off for a purpose which is covered by VESSA. Specifically, I request a Victims' Economic Security and Safety Act (VESSA) Leave for the following reason(s):

- ____ A. To seek **medical attention** for, or recovery from, physical or psychological injuries caused by domestic or sexual violence to myself or my family or household member;
- ____ B. To obtain **victim services** for myself or my family or household member;
- ____ C. To obtain **psychological or other counseling** for myself or my family or household member;
- ____ D. To participate in **safety planning**, including temporary or permanent relocation or other actions to increase the safety of the victim (either myself or my family or household member) from future domestic or sexual violence;
- ____ E. To seek **legal assistance** to ensure the health and safety of the victim (either myself or myself or my family or household member), including participating in court proceedings related to the violence.

Method of Leave Requested

- ____ A. Consecutive Leave
- ____ B. Intermittent Leave
- ____ C. Reduced Leave Schedule (Specify Schedule Below)

Name of Employee or Covered Household member _____

Date leave is to begin: _____ Expected duration of leave:_____

In applying for VESSA leave, I am aware and acknowledge my obligation to provide the Employer with at least forty-eight (48) hours' advance notice of my intention to take VESSA leave, except in such cases where it is not practical to provide such notice. If an unscheduled VESSA related absence is necessary, I acknowledge my responsibility to provide notice and certification (if requested) to my employer within a reasonable period of time thereafter.

If the duration of my Victims' Economic Security and Safety Act (VESSA) Leave (total of paid and unpaid time) does not exceed twelve (12) workweeks, I will be returned to my same or equivalent position. I understand that if my Victims' Economic Security and Safety Act leave should exceed twelve (12) workweeks, I will be returned to my same or similar position, *only if available, in accordance with applicable laws. If my same or similar position is not available, I understand that I may be terminated.*

I, (printed name) _____, declare that the foregoing statements are to the best of my knowledge and belief, true, correct and accurate. If my circumstances change, I will promptly notify my employer.

Employee Signature

Date

Subscribed and Sworn to before me this _____ day of _____, 20_____.

_____(SEAL)
Notary Public



Victims' Economic Security and Safety Act (VESSA)

Authorization for Release of Health Information (HIPPA Release Form)

I _____ hereby authorize _____ the use or disclosure of my oral and written Private Health Information (PHI) as described in this VESSA authorization. This information may also be sent to the following individuals:

- 1) Director of Human Resources and Human Resources Generalist.
 - 2) Private Health Information (PHI) related to a VESSA request verifying leave eligibility and length of leave.
- (1) Right to revoke: I understand that I have the right to revoke this authorization at any time by notifying the Village of Mount Prospect in writing at 50 S. Emerson Str., Mount Prospect, IL. 60056. I understand that the revocation is only effective after it is received and logged by the Village of Mount Prospect. I understand that any use or disclosure made prior to the revocation under this authorization will not be affected by a revocation.
- (2) I understand that after this information is disclosed, federal or state law might not protect it and the recipient might redisclose it.
- (3) I understand that I am entitled to receive a copy of this authorization.
- (4) I understand that this authorization will expire when my employment with Village of Mount Prospect terminates.

Signature of Patient

Date

Personal Representatives Section

If a Personal Representative executes this form, that Representative warrants that he or she has authority to sign this form on the basis of: _____
