

**Victims Economic Safety and Security Act (VESSA)**  
**Leave Request Form**  
**CONFIDENTIAL**

I, \_\_\_\_\_, am requesting leave or reasonable safety accommodations under the Missouri Victims Economic Safety and Security Act (VESSA) starting on this date, \_\_\_\_\_, because:

- I am victim of domestic or sexual violence, or
- I have a family or household member who is a victim of domestic or sexual violence whose interests are not adverse to mine

I am requesting time off for the following reason(s):

- Seeking medical attention for, or recovering from, physical or psychological injuries caused by domestic or sexual violence to me or a member of my family or household;
- Obtaining services from a victim services organization for me or a member of my family or household;
- Obtaining psychological or other counseling for me or a member of my family or household;
- Participating in safety planning, temporarily or permanently relocating, or other actions to increase my or my family or household member's safety from future domestic or sexual violence or to ensure economic security; and
- Seeking legal assistance or remedies to ensure the health and safety of me or my family or household member, including preparing for or participating in court proceedings related to the violence.

I am requesting the following leave or safety accommodations:

- Time off:
  - Continuous time off: Start date: \_\_\_\_\_ to End date: \_\_\_\_\_
  - Intermittent time off: Describe desired intermittent time such as days of the week frequency, etc.: \_\_\_\_\_
- Safety accommodation such as adjustment to a job structure, workplace facility, or work requirement, including a transfer, reassignment, modified schedule, a changed telephone number or seating assignment, installation of a lock, implementation of a safety procedure, or assistance in documenting domestic violence that occurs at the workplace or in work-related settings, in response to actual or threatened domestic violence. (Refer to VESSA Policy)
- Please describe \_\_\_\_\_

Attached is my supporting documentation showing that I am seeking leave or safety accommodations for a qualifying reason. Examples of supporting documentation include: a letter from an employee, agent, or volunteer of a victim services organization, an attorney, a member of the clergy, or a medical or other professional from whom the employee or the employee's family or household member has sought assistance in addressing the domestic or sexual violence; a police report or court record; or other evidence that supports the employee's request. In lieu of my signature someone acting on my behalf may attach certification of the requested accommodation is for purposes authorized under VESSA.

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submit this form to Human Resources ([hr@uhsp.edu](mailto:hr@uhsp.edu)). Human Resources will evaluate the request and review whether or not the information submitted is complete and qualifying for leave under VESSA and communicate back to the employee.