OTC VESSA Leave Request

The Victims Economic Safety and Security Act (VESSA) of 2021 grants unpaid leave to employees who are a victim of domestic or sexual violence. Unpaid leave will also be granted if an employee's family or household member is a victim of domestic or sexual violence. It is the responsibility of the employee to make requests for leave under the Victims Economic Safety and Security Act. All requests for VESSA should be coordinated with the Human Resources Department. For more information please refer to the OTC Policies and Procedure Manual, policy 3.75.

TO BE COMPLETED BY EMPLOYEE
Employee Name:
Department : Phone:
Title:
REASON FOR LEAVE
Domestic or sexual violence of employee*
Domestic or sexual violence of family or household member*
Name of individual: Relationship: *If the employee is requesting leave for a serious health condition under the FMLA, other forms and procedures may be required.
REQUEST TO USE BENEFITS
IF NO AMOUNTS ARE ENTERED, THE LEAVE WILL BE UNPAID (MARK ALL THAT APPLY)
Apply all vacation leave OR hours/days of vacation to this leave
Apply all sick leave* OR hours/days of sick leave to this leave
Apply as unpaid leave
Other:
EXPECTED DURATION
LEAVE WILL BE TAKEN AS (check one):
A block of time from to (month/day/year) (month/day/year)
Intermittently (e.g., separate blocks of time due to a single event)
Temporarily reduced work schedule (please describe on separate sheet)
I understand that VESSA unpaid leave will not be granted if I have exceeded my leave entitlement under the FMLA during a 12-month period. I attest that the information I have provided is true to the best of my knowledge. I understand that falsifying a time record and/or a VESSA request is grounds for disciplinary action, up to and including termination of employment.
Employee Signature Date