

(INSERT DEPARTMENT LETTERHEAD)

(DATE)

CONFIDENTIAL – (SENT VIA EMAIL or HAND-DELIVERED) – Choose one

(EMPLOYEE FULL NAME)

(UIN)

(EMPLOYEE CLASSIFICATION)

(COLLEGE/UNIT)

Approval VESSA Leave – (REASON FOR LEAVE – Self or Family Member) – Choose one

Dear **(EMPLOYEE NAME)**:

Attached is a copy of the Victim's Economic Security and Safety Leave (VESSA) Form submitted on your behalf. The **(DEPARTMENT NAME)** has verified that you are eligible for VESSA leave. Your VESSA leave begins/began **(MONTH DAY, YEAR)**. The time taken for this leave shall count toward your Victim's Economic Security and Safety Act entitlement of twelve-weeks of leave per twelve (12) month period. Please note that the time taken will also be counted towards your Family and Medical Leave Act entitlement when applicable. You are eligible for VESSA leave as follows:

Type of Leave:

- ☐ Block of time. List dates: _____
- ☐ Intermittent. Describe the specific circumstances that apply: _____

- ☐ Reduced schedule. List schedule: _____

Reason for Leave:

- ☐ Medical assistance and recovery of employee ☐ This leave will be charged against any FMLA entitlement.
- ☐ Medical assistance and recovery of employee's parent, child, or spouse ... ☐ This leave will be charged against any FMLA entitlement.
Relationship: _____
- ☐ Medical assistance and recovery of member of household
- ☐ Other (To obtain victim services and/or participate in safety or economic planning)

If any portion of your leave is unpaid and you are presently covered by payroll deduction in any of the University insurance options and wish to continue such coverage while on unpaid VESSA leave, please check with University Payroll and Benefits (UPB) at 217-265-6363. The University will continue paying its portion of basic health and

dental insurance coverage while you are on VESSA leave without pay; however, you must continue to pay your portion of the premium and for any optional coverage, or coverage will cease.

Please contact the department at **(PHONE NUMBER)** with any questions or if you need additional information.

c: Department Medical File