

City of Chicago  
**REQUEST FOR VESSA ACCOMMODATION FORM**

EMPLOYEE INFORMATION

|                                 |  |                                |  |
|---------------------------------|--|--------------------------------|--|
| Name:                           |  | Employee #:                    |  |
| Job Title:                      |  | Supervisor:                    |  |
| Best email address for contact: |  | Best phone number for contact: |  |
| Department/Bureau/Division:     |  |                                |  |

**SECTION 1**

*EMPLOYEE SHOULD COMPLETE THIS SECTION AND SUBMIT TO HUMAN RESOURCES LIAISON TO COMPLETE SECTION 2*

**Reason for accommodation request (check one):**

|                          |                                                                                                                   |
|--------------------------|-------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Domestic, sexual, or gender violence, stalking, or any other crime of violence against employee                   |
| <input type="checkbox"/> | Domestic, sexual, or gender violence, stalking, or any other crime of violence against family or household member |

In the space below, please explain the accommodation you are requesting. Possible accommodations may include adjusting your work schedule, changing your telephone number, or implementing a safety procedure. If you are seeking leave from work (taken either continuously or on an intermittent basis) or a reduced work schedule, DO NOT fill out this form; fill out the VESSA Leave Form instead.

Along with this form, you MUST SUBMIT at least one of the following:

- Documentation from a victim services organization, attorney, a member of the clergy, a health care provider, or other professional from whom assistance has been sought
- A police report, court, or military record
- Other corroborating written evidence of the need for leave

**I have read the VESSA Leave Policy and understand all my rights and obligations under this policy. I certify and affirm that all information provided is true and accurate.**

|                     |       |
|---------------------|-------|
| Employee Signature: | Date: |
|---------------------|-------|

**SECTION 2**

TO BE COMPLETED BY THE DEPARTMENT HUMAN RESOURCES LIAISON

Is the employee in active status? **YES / NO**

Has the employee provided certification that they are a victim of domestic, sexual, or gender violence, stalking, or any other crime of violence, or that they have a family or household member (spouse or party to a civil union, parent, grandparent, child, grandchild, sibling, or any other person related by blood or by present or prior marriage or civil union, other person who shares a relationship through a child, or any other individual whose close association with the employee is the equivalent of a family relationship as determined by the employee, and persons jointly residing in the same household) who is a victim of domestic, sexual, or gender violence, stalking, or any other crime of violence? **YES / NO**

**What type of certified documentation has been provided (check all that apply):**

Documentation from a victim services organization, attorney, a member of the clergy, a health care provider, or other professional from whom assistance has been sought

A police report, court, or military record

Other corroborating written evidence of the need for leave

**Based on the answers above, is the employee eligible for a VESSA accommodation? YES / NO**

**If no, state reason(s)** \*\*If the department believes that the employee is not eligible for VESSA leave, contact the Department of Human Resources before denying the request\*\*:

**Please sign below to indicate your review of and response to this VESSA accommodation request.**

HR Liaison Signature:

Date: