

# **EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE VICTIMS ECONOMIC SECURITY AND SAFETY ACT (VESSA)**

## **EMPLOYEE ENTITLEMENT**

All employees may take up to twelve weeks of unpaid VESSA leave during each consecutive 12-month period for which eligibility criteria have been met. The initial 12-month period is measured forward from the date the employee first takes VESSA leave. The next 12-month period begins the first time VESSA leave is taken after completion of any previous 12-month period. VESSA leave shall be granted to enable employees who are victims of domestic or sexual violence to maintain financial independence necessary to leave abusive situations and to protect the civil and economic rights of employees who are victims of domestic or sexual violence and employees with a family or household member who is a victim.

## **EMPLOYEE ELIGIBILITY**

To be eligible for VESSA benefits, a University of Illinois employee must:

- (1) currently be an employee in active status;
- (2) be a victim of domestic or sexual violence or have a family or household member who is a victim. (A “family or household member” is defined as a spouse, parent, son, daughter, other person related by blood or by present or prior marriage, other person who shares a relationship through a son or daughter, and persons jointly residing in the same household.)

## **APPLICATION PROCEDURES**

Employees should complete the *TO BE COMPLETED BY EMPLOYEE* portion of the VESSA Leave Form and submit it to their supervisor. The supervisor or department designee completes the *TO BE COMPLETED BY DEPARTMENT* portion and returns to the employee. A copy should be retained in the department separate from the employee’s personnel file. **DO NOT SEND A COPY TO THE HUMAN RESOURCES OFFICE except under the following circumstances:**

- **UIUC Academic Professionals (AP) and Faculty** must receive approval for **unpaid** VESSA leaves. Forms should be submitted to the Academic Human Resources office.
- **System Office** employees should submit the completed VESSA application and Medical Certification (if applicable) to System Human Resource Services. System HR completes the *TO BE COMPLETED BY DEPARTMENT* portion.
- **UI Hospital and Clinics (UI Health)** employees should submit the completed FMLA application and Medical Certification (if applicable) to UI Health HR. A member of the Absence Management Team completes the *TO BE COMPLETED BY DEPARTMENT* portion and responds to the request.
- **UIS** employees should submit the completed VESSA application and Medical Certification (if applicable) to their supervisor, who will then forward a copy to UIS HR.

## **CERTIFICATION**

Certification may be requested by the supervisor to verify eligibility for VESSA leave taken for reasons other than medical. This certification documentation may be in the form of (1) a sworn statement of an employee, agent, or volunteer of a victim services organization, an attorney, a member of the clergy, or other professionals from whom the employee or the employee’s family or household member has sought assistance; and (2) a police or court record or other collaborating evidence. Such certification shall be submitted to the head of the employing unit as requested. Units may seek assistance from the campus human resources office regarding the acceptability of the certification provided. Any expenses associated with obtaining the certification shall be the responsibility of the employee. An employing unit may require an employee to obtain subsequent recertifications on a reasonable basis.

FMLA medical certification issued by the employee's or household member's health care provider shall be required to support a request for unpaid VESSA leave for a serious health condition in accordance with Family and Medical Leave policies.

#### RETURN FROM VESSA LEAVE

An employee who has been absent for VESSA leave shall be restored to the position of employment held by the employee when the leave commenced; or an equivalent position with equivalent employment benefits, pay, and other terms and conditions of employment. An employee on leave may be required to report periodically to the supervisor or unit head on his or her status and intention to return to work.

#### USE OF PAID AND UNPAID LEAVE

Employees have the option to take VESSA leave with or without pay. An employee may request to apply accrued vacation and/or sick leave (sick leave may only be used for medical reasons in accordance with Civil Service and Academic sick leave policies) during the twelve-week period in accordance with Policy and Rules for Civil Service Staff or with campus Academic policies. Any portion of the twelve-week period for which accrued leave is not applied shall be without pay.

#### EFFECT OF VESSA LEAVE ON LEAVE UNDER THE FAMILY AND MEDICAL LEAVE ACT (FMLA)

This Act does not create a right for the employee to take a leave that exceeds the leave time allowed under, or in addition to, the leave time permitted by the Family and Medical Leave Act. For employees on VESSA leave who are also eligible for FMLA leave, VESSA leave time is not in addition to the FMLA entitlement when the reason for VESSA leave also qualifies under FMLA, but depletes the FMLA entitlement when used. An employee who may have exhausted all available leave under FMLA, for a purpose other than that which is available under VESSA, remains eligible for leave under VESSA.

#### INSURANCE COVERAGE AND RETIREMENT CONTRIBUTIONS DURING UNPAID LEAVE

Coverage of group health and dental insurance shall be continued by the University at the same level that coverage would have been provided if the employee had remained in continuous employment. Employees are responsible for paying the employee-paid portion of any insurance premiums presently paid by payroll deduction. **If the employee does not make required payments** during the leave period, the CMS-Group Insurance Division (GID) will terminate the member's coverage the first day of the current month. These members are ineligible to continue coverage under COBRA and will not receive a COBRA notification letter (eligible or ineligible). CMS will take action to collect all outstanding premium(s), which may include involuntary withholding. Employees are to contact the Benefits Service Center for information on changes in status and to arrange for billing prior to their last day of work.

Employees pay the entire premium plus a 2% administrative fee for COBRA coverage. Central Management Services (CMS) mails monthly billing statements to the employee's home address on or about the tenth of each month. Bills for the current month are due by the twenty-fifth of that month and are paid to CMS. Individuals electing COBRA coverage have 45 days from the date coverage is elected to pay currently due premiums. Failure to submit payment by the due date terminates COBRA rights.

The University may recover any premiums paid for maintaining coverage for the employee if the employee fails to return from VESSA leave for a reason other than continuation, recurrence, or onset of domestic or sexual violence, or other circumstances beyond the control of the employee. Certification of such conditions may be required by the University.

To determine the effect of VESSA Leave on the accumulation of service time for retirement and to assure continuation of contributions, the employee should contact SURS at 1-800-ASK-SURS.

#### QUESTIONS

Employees should discuss questions or disagreements about leave under VESSA with their immediate supervisors. If concerns are not resolved at the supervisory level, the unit head should review the issues. If the unit head is unable to resolve the issue, the dean or director should be consulted. Should questions remain, the campus human resources office will provide assistance to both the employee and the unit.

Interpretation of specific requirements of the VESSA policy is subject to provisions contained in the full text of the Act. Questions regarding the provisions of VESSA and the Illinois Department of Labor Regulations for its implementation should be directed to the campus human resources office.

NOTE: System Office employees should contact System Human Resource Services if there are questions or disagreements about leave under FMLA.

#### Urbana-Champaign

- Staff Human Resources (217) 333-3105
- Academic Human Resources (217) 333-6747

#### Chicago

- Faculty Affairs Human Resources (312) 355-2412; [fahr@uic.edu](mailto:fahr@uic.edu)
- HR, Academic Professionals and Civil Service
  - UI Hospital and Clinics (UI Health) email [uihloa@uic.edu](mailto:uihloa@uic.edu) or fax 312-355-1548
  - All Other Colleges/Units – Labor and Employee Relations (312) 355-3055

#### Springfield

- Human Resources (217) 206-6652

#### System Office

- System Human Resource Services (217) 333-2600; [erhr@uillinois.edu](mailto:erhr@uillinois.edu)

## UNIVERSITY OF ILLINOIS – VESSA APPLICATION

Effective July 2004, the University of Illinois implemented the Victims Economic Security and Safety Act Policy in compliance with the State of Illinois Victims' Economic Security and Safety Act of 2003. This policy was modified in 2009 to reflect amendments to the Act. Such leaves shall be granted to enable employees who are victims of domestic or sexual violence to maintain financial independence necessary to leave abusive situations and to protect the civil and economic rights of employees who are victims of domestic or sexual violence and employees with a family or household member who is a victim. VESSA leaves are granted by the department/unit. Employees are entitled to up to twelve workweeks of unpaid VESSA leave during each consecutive twelve-month period for which eligibility criteria have been met. Employees may substitute accrued sick leave (for medical reasons) and vacation & personal leave for unpaid VESSA leave. The initial 12-month period is measured forward from the date the employee first takes VESSA leave. The next 12-month period begins the first time VESSA leave is taken after completion of any previous 12-month period. Requests for VESSA Leave should be made 48 hours in advance of the leave, unless not practicable.

TO BE COMPLETED BY EMPLOYEE
Employee Name: _____ UIN: _____ Dept./Unit: _____ Office Phone: _____ Title: _____
<b>REASON FOR LEAVE</b>
<input type="checkbox"/> Domestic or sexual violence of employee* <input type="checkbox"/> Domestic or sexual violence of family or household member* Name of individual: _____ Relationship: _____
<b>*FMLA Medical Certification required if an eave for a serious health condition.</b>
<b>REQUEST TO USE BENEFITS</b>
IF NO AMOUNTS ARE ENTERED, THE LEAVE WILL BE UNPAID (MARK ALL THAT APPLY)
<input type="checkbox"/> Apply all vacation leave <b>OR</b> _____ hours/days of vacation to this leave <input type="checkbox"/> Apply all sick leave* <b>OR</b> _____ hours/days of sick leave to this leave <input type="checkbox"/> Apply as unpaid leave <input type="checkbox"/> Other: _____
*Sick leave can only be applied if the leave time is for medical reasons.
<b>EXPECTED DURATION</b>
<b>LEAVE WILL BE TAKEN AS (check one):</b> <input type="checkbox"/> a block of time from _____ to _____ <span style="margin-left: 100px;"><small>(month/day/year)</small></span> <span style="margin-left: 100px;"><small>(month/day/year)</small></span> <input type="checkbox"/> intermittently (e.g., separate blocks of time due to a single event) (please describe on separate sheet) <input type="checkbox"/> temporarily reduced work schedule (please describe on separate sheet)
I have read the "Employee Rights and Obligations Under VESSA" attached and understand all my rights and obligations under this policy. I also understand that any leave taken as designated VESSA leave (paid and/or unpaid) that also qualifies as an FMLA event will count toward my FMLA leave entitlement
Employee Signature _____ Date _____

**TO BE COMPLETED BY DEPARTMENT, SYSTEM HR (FOR SYSTEM OFFICE EMPLOYEES), OR  
UI HEALTH HR (FOR MEDICAL CENTER EMPLOYEES)  
{SEE EMPLOYEE RIGHTS AND RESPONSIBILITIES}**

- |  |     |    |
|--|-----|----|
| 1. Is the employee in active status?<br>(If no, the employee is not eligible for VESSA leave.)   | Yes | No |
| 2. Has the employee provided certification that he/she is a victim of domestic or sexual violence or has a family or household member who is a victim? (A "family or household member" is defined as a spouse, parent, son, daughter, other person related by blood or by present or prior marriage, other person who shares a relationship through a son or daughter, and persons jointly residing in the same household.)  | Yes | No |
| 3. What type of certification documentation has been provided (circle all that apply)?<br>A. A sworn statement of the employee (completion of this form with the employee's signature satisfies this requirement); and,<br>B. Documentation from the 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 domestic or sexual violence and the effects of the violence; or<br>C. a police or court record; or<br>D. other corroborating evidence. |     |    |
| 4a. Is the reason for the leave because of the employee's serious health condition?<br>(If yes, employee must complete the FMLA application.)  | Yes | No |
| 4b. Is the reason for the leave because of the employee's parent, child, or spouse's serious health condition? (If yes, employee must complete the FMLA application.)  | Yes | No |
| 4c. If you answered yes to 4a or 4b, has the employee provided the FMLA medical certification (which is required for employee's own or family member's serious health condition) to support the request for leave?   | Yes | No |
| 5. The employee has _____ number of weeks/hours of VESSA leave entitlement remaining at the time of this leave request.  |     |    |

**Based on the answers above, is the employee eligible for VESSA leave?** **Yes**   **No**  
If no, state reason.

\_\_\_\_\_

\_\_\_\_\_

The department acknowledges that benefits will be applied as shown on the first page of this form:

\_\_\_\_\_ vacation leave hrs    \_\_\_\_\_ sick leave hrs    \_\_\_\_\_ unpaid hrs  
 \_\_\_\_\_ vacation leave days    \_\_\_\_\_ sick leave days    \_\_\_\_\_ unpaid days  
 \_\_\_\_\_ other: \_\_\_\_\_

**Please sign below to indicate your review of this VESSA leave request.**

\_\_\_\_\_ \_\_\_\_\_  
 Authorized (Department, Unit, HR, UI Health HR) Date

*If the department believes that the employee is not eligible for VESSA leave, please consult your university Human Resources office before denying the leave. You may also contact HR if you have additional questions.*

The department is responsible for tracking VESSA usage on an FMLA/VESSA Usage Report available at [https://nessie.uhr.uillinois.edu/pdf/leave/fmla\\_usage.pdf](https://nessie.uhr.uillinois.edu/pdf/leave/fmla_usage.pdf).