

## Victim Support Person Supervisor Statement of Understanding

I am the supervisor of a Victim Support Person (VSP), I have been briefed by the Employee Assistance Program Coordination (EAPC) on the VSP roles and responsibilities.

**(initials)** \_\_\_\_\_

I understand if the VSP is out after duty hours on a case, the VSP may not be able to report to work the following morning. **(initials)** \_\_\_\_\_

I understand that the VSP may have to accompany victim to various other referral appointments, and if a case proceeds to an Article 32, Uniformed Code of Military Justice, investigative hearing, a court-martial, or civilian criminal proceedings the VSP may be absent from the work area for the duration of the hearing/trial. **(initials)** \_\_\_\_\_

I understand I will be informed of any absences from the workplace as soon as possible, and if the mission dictates the VSP must report to work for normal duty hours, every effort will be made to afford them compensatory time as soon as possible after the event. **(initials)** \_\_\_\_\_

I understand the VSP will not report any details of the case to me, nor will I ask them for any details. **(initials)** \_\_\_\_\_

I understand the responsibilities of the VSP and am willing to support them. **(initials)** \_\_\_\_\_

If I should encounter any problems or concerns, I will contact the EAPC. **(initials)** \_\_\_\_\_

Supervisor's Printed Name

VSP's Printed Name

Supervisor's Signature

Date Signed

VSP's Signature

Date Signed

EAPC's Signature

Date Signed