

Safety Leave certification form

Submit this form as part of a Safety Leave application. Minnesota Paid Leave will use the information on this form to determine the applicant's eligibility for Safety Leave. Both the applicant and an approved certifier who is supporting the applicant must complete this form. Examples of approved certifiers are:

- Licensed mental health professional or practitioner
- Licensed healthcare professional
- Domestic abuse advocate or sexual assault counselor
- Victim's advocate employed by, under contract, or appointed by the court
- Judge, referee, court administrator, prosecutor, or probation officer
- Title IX coordinator at a school
- Law enforcement officer or peace officer

Who should use this form?

Use this form if you are applying for Safety Leave because:

- You are a survivor of domestic abuse, sexual assault, or stalking
- You are supporting a family member or other person close to you who is a survivor of domestic abuse, sexual assault, or stalking

Safety Leave can be used to:

- Seek medical care or get counseling
- Get services from an organization that helps victims of domestic violence, sexual assault, or stalking
- Find or move to a safe living situation
- Get legal support or go to court

Things to keep in mind

- Your employer may ask you to share the completed form with them and you will need to provide it. We will not share the form with them.
- Your employer does not decide whether you can take Paid Leave, but will be asked to confirm the dates you entered in your application.

DEED is an equal opportunity employer and program provider. This information can be provided in alternative formats to people with disabilities or people needing language assistance by calling 651-566-7777 or 844-556-0444.

Safety Leave certification form

This form has three sections:

1. Applicant information
2. Family relationship (if applying as a caregiver)
3. Certification of qualified person(s)

How to complete this form:

The form can be filled out digitally or printed and filled out by hand.

1. Complete the applicant section. The family relationship section must also be filled out if you are requesting leave to support a family member.
2. Give this form to the approved certifier who is supporting you or your family member. See examples on the previous page.
3. The approved certifier will complete the certifier section and return the form to you.
4. There are several ways to get your form to us.
 - a. If you have completed this form digitally, you can upload the completed file online at paidleave.mn.gov.
 - b. If you printed the form, you can upload photos or a scan of the completed form.
 - c. Your provider could fax the form to Paid Leave at 651-705-0252.
 - d. If you don't have a way to upload the form online, reach out to the Paid Leave Contact Center by calling 651-556-7777 or 844-556-0444 (toll-free), or by emailing PaidLeave@state.mn.us.

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1. Applicant Information

Instructions: Complete this section with the applicant's information.

① Applicant name

Write your name as it appears on official documents like a state ID, driver's license, or W-2 form.

First

Middle (optional)

Last

② Last 4 digits of your Social Security Number (SSN) or your Individual Taxpayer Identification Number (ITIN)

SSN or ITIN

③ Date of birth

____/____/____

Month

Day

Year

④ Phone number

Note: Please use the same phone number as you did or will use in your Minnesota Paid Leave application.

____-____-____

Are you applying for yourself or as a caregiver?

- **Applying for yourself:** If you're taking safety leave for your own situation, sign below and give this form to your approved certifier.
- **Applying as a caregiver:** If the safety leave is for someone you're helping, do not sign this section. Instead, complete the family relationship section on the next page, and include your signature and date there.

- ⑤ By signing, I authorize the approved certifier who completes this form to confirm with Minnesota Paid Leave that the information is correct.

Signature: _____

Date: _____/_____/_____

Month

Day

Year

2. Family relationship

Instructions: Complete this section with the information of the family member you are taking leave to care for.

① What is the name of the family member you'll be caring for?

Write the family member's name as it appears on official documents like a state ID, driver's license, or W-2 form.

First Middle (optional) Last

② What is the family member's date of birth?

____ / ____ / ____

Month Day Year

③ The family member you are taking leave to care for is your:

- Spouse or domestic partner
- Child
- Parent or legal guardian
- Sibling
- Grandchild
- Grandparent or spouse's grandparent
- Son-in-law or daughter-in-law
- Someone who has an expectation of and reliance on me to care for them without compensation

④ By signing, I authorize the approved certifier who completes this form to confirm with Minnesota Paid Leave that the information is correct.

I certify that my family member has authorized me to share the information in this form with Minnesota Paid Leave.

Signature: _____ Date: ____ / ____ / ____

Month Day Year

3. Certification of qualified person

This page should be filled out by an approved certifier.

Instructions: The approved certifier should complete this section of the form.

① Certifier's name

Write your name as it appears on official documents like a state ID, driver's license, or W-2 form.

First

Middle (optional)

Last

② Certifier's email address

③ Certifier's professional role

- Licensed Mental health professional or a mental health practitioner
- Licensed healthcare professional
- Domestic abuse advocate or sexual assault counselor
- Victim's advocate employed by, under contract, or appointed by the court
- Judge, referee, court administrator, prosecutor, or probation officer
- Title IX coordinator, as defined by Code of Federal Regulations, chapter 34, section 106.8
- Law enforcement officer or peace officer
- Other professional who is able to attest to the applicant's need for Safety Leave:

Please describe

Continued on the next page ...

3. Certification of qualified person (cont.)

This page should be filled out by an approved certifier.

④ Name of organization

 Organization's name
⑤ Organization contact information

 Office Phone

 Office Fax

 Office mailing address line 1

 Office mailing address line 2 (optional)

 City

 State

 Zip code
⑥ License, practice, or badge number (if applicable)

Note: This information is only required for certifiers who are licensed by a government body.

 License or practice number

 State / country

By signing below, I certify the following:

- The applicant is a survivor of domestic abuse, sexual assault, or stalking.
- The applicant is a family member of a survivor of domestic abuse, sexual assault, or stalking who requires the applicant's support.

Name of survivor as written on official documents like a state ID, driver's license, or W-2.

 First

 Middle (optional)

 Last

- I have answered all questions as accurately as possible and to the best of my ability based on my expertise and knowledge of the applicant or applicant's family member.
- I am eligible to certify safety leaves under the Minnesota Paid Leave Law.

Signature: _____

Date: _____ / _____ / _____

Month

Day

Year

Definition of a family member

Someone is a family member if they are:

- a spouse or domestic partner
- a child, including a biological child, adopted child, foster child, stepchild, child of a domestic partner, or child to whom the applicant stands in loco parentis (in the place of a parent), is a legal guardian, or is a de facto custodian (an informal, acting custodian)
- a parent or legal guardian of the applicant or the applicant's spouse
 - *Paid Leave defines "parent" as the biological, adoptive, de facto custodian, or foster parent, stepparent, or legal guardian of an applicant or the applicant's spouse, or an individual who stood in loco parentis to an applicant when the applicant was a child.*
- a sibling
- a grandchild
 - *Paid Leave defines "grandchild" as a child of the applicant's child.*
- a grandparent of the applicant or the applicant's spouse
 - *Paid Leave defines "grandparent" as a parent of a person's parent.*
- an individual who has a personal relationship with the applicant that creates an expectation and reliance that the applicant care for the individual without compensation, whether or not the applicant and the individual reside together.

651-556-7777 or 844-556-0444

Attention: If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

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請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntauv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

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Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bibili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

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