

# 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.
  - 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.
  - d. If you don't have a way to upload the form online, call the Contact Center at 651-556-7777 or 844-556-0444 for directions to fax or mail your form.

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## 1. Applicant Information

Instru	uctions: Complete this section	on with the applicant's in	formation.			
1	Applicant name Write your name as it appe	ars on official documents	like a state ID, driver's lice	nse, or W-2 form	m.	
	First	Middle	(optional)	Last		
2	Last 4 digits of y Taxpayer Identif		_	SN) or yo	ur Indivi	dual
	SSN or ITIN		-			
3	Date of birth					
	Month Day	Year				
4	Phone number	Note: Please use the sar	ne phone number as you did o	r will use in your N	Minnesota Paid	Leave application.
	Are you applying	for yourself or a	s a caregiver?			
	<ul> <li>Applying for yoursel approved certifier.</li> </ul>	f: If you're taking safety	eave for your own situation,	, sign below and	I give this forn	n to your
			for someone you're helping next page, and include you	-		tead,
5	By signing, I authorize the a is correct.	approved certifier who co	mpletes this form to confirn	n with Minnesot	a Paid Leave	that the informatior
	Signature:		Date:			_ /
				Month	Day	Year



### 2. Family relationship

First	Middle (o	ptional)		Last		
What is the family m	ember's dat	e of bii	th?			
Month Day	Year					
The family member y	ou are takir	ng leav	e to care fo	r is your:		
Spouse or domestic	partner		Grandchild			
Child			Grandparent	or snouss's	arandnara	nt
				or spouse s	s granupare	
<ul><li>Parent or legal guard</li></ul>	dian		Son-in-law or	•		
<ul><li>Parent or legal guard</li><li>Sibling</li></ul>	dian		•	daughter-i o has an ex on me to ca	n-law pectation of	
			Son-in-law or Someone who and reliance without comp	daughter-i o has an ex on me to ca ensation	n-law pectation of re for them	F
Sibling  By signing, I authorize the approve	ed certifier who com	pletes this	Son-in-law or Someone whe and reliance of without comp	daughter-interchange daughter-	n-law pectation of re for them	<b>f</b> se inform



#### 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
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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.

Organization's name					
Organization contact	information				
Office Phone		Office Fax			
Office mailing address line 1		Office mailing add	dress line 2 (	optional)	
City	State		Zip cod	e	
Note: This information is only require	d for certifiers who are license	ed by a government body	<b>/</b> .		
License or practice number		State / country	<i>l</i> .		
License or practice number	ving: lomestic abuse, sexual ass	State / country		ng who requ	ires the
License or practice number  By signing below, I certify the follow  The applicant is a survivor of d  The applicant is a family membapplicant's support.	ving: lomestic abuse, sexual ass per of a survivor of domest	State / country sault, or stalking. ic abuse, sexual assa	ult, or stalkir	ng who requ	ires the
License or practice number  By signing below, I certify the follow  The applicant is a survivor of d  The applicant is a family membapplicant's support.	ving: lomestic abuse, sexual ass per of a survivor of domest	State / country sault, or stalking. ic abuse, sexual assa	ult, or stalkir	ng who requ	ires the
License or practice number  By signing below, I certify the follow  The applicant is a survivor of d  The applicant is a family membapplicant's support.  Name of survivor as written on office	ving: lomestic abuse, sexual assocr of a survivor of domestical documents like a state  Middle (optional)  as accurately as possible a applicant's family member.	State / country sault, or stalking. ic abuse, sexual assa ID, driver's license, or	ult, or stalkir W-2.		



### **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
  - o Paid Leave defines "grandchild" as a child of the applicant's child.
- a grandparent of the applicant or the applicant's spouse
  - o 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.

ያስተውሉ፡ ካለምንም ክፍያ ይህንን ዶኩመንት የሚተረጉምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

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

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပန်ြပင်းခြင်း အကူအညီလိုအပ်ပါက၊အထက်ပါဖုန်းနံပါတ်ကိုခြေဆိုပါ။ 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 cidessus.

Thoy ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv 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.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.



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