

Instructions for claimant

To qualify for safe leave, you must send verification certifying that you, your child, or dependent are a survivor of sexual assault, domestic violence, harassment, bias crimes, or stalking. You must provide one of the following documents:

- A copy of a police report
- A copy of a protective order or other evidence from a court, administrative agency, school's Title IX coordinator, or attorney
- A formal complaint to a school's Title IX coordinator
- Documentation from an attorney, law enforcement officer, health care provider, licensed mental health professional or counselor, member of the clergy, employee of the Department of Justice division providing victim and survivor services, or victim services provider
- This form

Call us if you have difficulty getting one of these documents or if you have concerns for your safety or the safety of your child or dependent while getting one of these documents.

If you have more questions about safe leave, review our Employee Guidebook at paidleave.oregon.gov/resources/resources.html.

To use this form, first fill in the **Claimant Information** section. Next, give this form to **one** of the following to fill out the verification section:

- Law enforcement officer
- School Title IX coordinator
- Attorney
- Health care provider
- Licensed mental health professional or counselor
- Member of the clergy
- Employee of the Department of Justice (DOJ) providing victim services
- Victim services provider

These are all people who can verify that you, your child, or dependent were or are currently undergoing treatment or counseling, getting services, or relocating because of sexual assault, domestic violence, harassment, bias crimes, or stalking.

Once the form is complete, upload it to your Frances Online account at frances.oregon.gov or send it to Paid Leave Oregon.

Instructions for the person filling out the verification section

The claimant will use this Verification of Safe Leave Form to verify that they, their child, or dependent are a survivor of sexual assault, domestic violence, harassment, bias crimes, or stalking as part of their application for safe leave.

Please review the information below to make sure you can verify this information and that you understand when a claimant can qualify for safe leave (*see the list of qualifying life events below*).

Safe leave qualifying life events

A person is covered under safe leave if **any** of the following apply to them:

- They, their child, or dependent need legal assistance or help from the police to protect themselves or their child's health and safety. This includes preparing for and participating in court hearings that are related to being a survivor of sexual assault, domestic violence, harassment, bias crimes, or stalking.
- They, their child, or dependent needs medical treatment to recover from injuries caused by sexual assault, domestic violence, harassment, bias crimes, or stalking.
- They, their child, or dependent are getting counseling from a mental health professional because they, their child, or dependent are a survivor of sexual assault, domestic violence, harassment, bias crimes, or stalking.
- They, their child, or dependent are getting services from a victim services provider because they, their child, or dependent are a survivor of sexual assault, domestic violence, harassment, bias crimes, or stalking.
- They need to move or make their current home secure to protect themselves, their child, or dependent's health and safety.

If safe leave involves their child, the child must be under the age of 18. If they are 18 years or older, they need to be a dependent adult with a physical or mental disability that limits their ability to live independently.

If you have more questions about safe leave, review our Employee Guidebook at paidleave.oregon.gov/resources/resources.html.

Need help?

The Oregon Employment Department (OED) is an equal opportunity agency. OED provides free help so you can use our services. Some examples are sign language and spoken-language interpreters, written materials in other languages, large print, audio, and other formats. To get help, please call 833-854-0166 (toll-free). TTY users call 711. You can also send an email to paidleave@oregon.gov.

CLAIMANT INFORMATION *(To be completed by claimant)*

First name:

Last name:

Social Security Number (SSN): _____ or

Individual Taxpayer Identification Number (ITIN):

Date of birth (MM/DD/YYYY): ____ / ____ / ____

I am taking leave:

☐ For myself☐ For my child or dependent**Verification Section** *(To be filled out by one of the following)***LAW ENFORCEMENT OFFICER** *(To be completed by a law enforcement officer)*

First name:

Last name:

Title:

Rank/division:

Badge number:

Department/agency:

Phone number:

Email address:

☐ This is a safe leave related situation☐ This is not a safe leave related situation_____
Signature_____
Date

TITLE IX COORDINATOR *(To be completed by a Title IX coordinator)*

First name:

Last name:

Title:

Date of contact:

School district/college/university:

Department/program:

Phone number:

Email address:

☐ This is a safe leave related situation☐ This is not a safe leave related situation_____
Signature_____
Date**OTHER** *(To be completed by an attorney, health care provider, licensed mental health professional or counselor, member of the clergy, Department of Justice employee providing victim services, or victim services provider that helped the claimant, their child, or dependent receive treatment, receive counseling services, or relocate as a result of being a survivor of sexual assault, domestic violence, harassment, bias crimes, or stalking.)*

First name:

Last name:

Title:

Date of contact:

Profession:

License number *(if relevant)*:

Employer name:

Phone number:

Email address:

☐ This is a safe leave related situation☐ This is not a safe leave related situation_____
Signature_____
Date

Provide all required information. Missing information and documentation can cause a delay in processing your application for benefits.

Upload this completed form to your Frances Online account at frances.oregon.gov once you have filed for benefits, or mail this completed form with your Paid Leave Application for Benefits to:

**Attn: Paid Leave Oregon
Oregon Employment Department
875 Union St NE
Salem, OR 97311**