



Safety leave certification form

Submit this form as part of a Safety Leave application if you are taking Safety Leave for yourself or a family member or someone close to you (see page 7 for details about who is included). 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



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 Information 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. To submit your completed form:
 - a. Upload the form and submit it with your City of Duluth – Minnesota Paid Leave online application (<https://forms.duluthmn.gov/Forms/MNPL>).
 - b. If the form was completed digitally, upload the file directly.
 - c. If the form was printed, upload a photo or scan of the completed pages.
 - d. If you cannot upload your form, call Human Resources at 218-730-5210.

**Section 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 City of Duluth 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 City of Duluth Human Resources that the information is correct.

Signature:

Date:

Month

Day

Year

**Section 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

☐

Grandchild

☐

Child

☐

Grandparent or spouse's grandparent

☐

Parent or legal guardian

☐

Son-in-law or daughter-in-law

☐

Sibling

☐

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 City of Duluth Human Resources that the information is correct.

I certify that my family member has authorized me to share the information in this form with City of Duluth Human Resources.

Signature:

Date:

Month

Day

Year

**Section 3) Certification of qualified person****Must be completed 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**Form Continued on the next page ...**



Section 3) Certification of qualified person (cont.)

Must 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.