



**Oregon State University Human Resources
Protected Leave Team**

Medical.leave@oregonstate.edu

236 Kerr Admin Bldg. Corvallis, OR 97331

Phone: 541-737-5946 Fax: 541-737-0553

Protected Leave Certification Fax Coversheet

Please complete the following form and return it to the Oregon State University Protected Leave team via email or fax. Our information is included below. Due to the confidential nature of this request please include the cover sheet if this is returned via fax.

From:

Sender Name: _____

Date: _____

Number of Pages (Front and back): _____

To:

Oregon State University Protected Leave

Email: medical.leave@oregonstate.edu

Fax: (541)737-0553

Confidential

Safe Leave Verification Form
Oregon State University – Oregon Paid Family and Medical Leave Plan

Instructions for Employee

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

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 contact the OSU Protected Leave Team.

To use this form, first fill in the **Employee 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, submit it with any other supporting documentation, and your application for leave to the OSU Protected Leave Team at medical.leave@oregonstate.edu.

Instructions for the person filling out the verification section

The employee requesting that you fill out this form 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 an individual 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.

EMPLOYEE INFORMATION *(To be completed by Employee)*

First name:

Last name:

Employee's OSU ID# _____

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 <i>(To be completed by a Title IX coordinator)</i>	
First name:	Last name:
Title:	Date of contact:
School district/college/university:	Department/program:
Phone number:	Email address:
<input type="checkbox"/> This is a Safe Leave related situation <input type="checkbox"/> This is not a Safe Leave related situation	
<hr/> <div style="display: flex; justify-content: space-between;"> Signature Date </div>	
OTHER <i>(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.)</i>	
First name:	Last name:
Title:	Date of contact:
Profession:	License number <i>(if relevant)</i> :
Employer name:	
Phone number:	Email address:
<input type="checkbox"/> This is a Safe Leave related situation <input type="checkbox"/> This is not a Safe Leave related situation	
<hr/> <div style="display: flex; justify-content: space-between;"> Signature Date </div>	