



Klamath County Paid Leave Safe Leave Verification Form

INSTRUCTIONS FOR EMPLOYEE:

Complete this form to apply for safe leave if you can't access the services in the safe leave qualifying life events listed on the next page, or if you are concerned for your own safety or the safety of your child. Do not use this form if you are submitting other documentation showing you qualify for safe leave. Provide **ALL** required information to Klamath County Human resources via fax (541-883-4270) or email (paidleave@klamathcounty.org). Missing information and documentation can cause a delay in processing your application for benefits. Please send this completed document,

If circumstances outside of your control prevent you from sending your application within the required time frame, please contact Klamath County Human Resources immediately.

STEP 1: Complete this form by first filling in the employee information section.

EMPLOYEE INFORMATION (To be completed by employee)

Full Name: _____

Email Address: _____

Phone Number: (_____) _____ - _____

I am taking leave: for self-care
 to care for a child under 18 years old
 to care for a child 18 years or older

STEP 2: Please 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
Victim services provider

These are all people who can document that you or your child were or are undergoing treatment or counseling, obtaining services, or relocating as a result of sexual assault, domestic violence, harassment, or stalking.

INSTRUCTIONS FOR INDIVIDUAL COMPLETING VERIFICATION SECTION *(next page):*

The claimant will use this Verification of Safe Leave Form to verify their life event under safe leave to apply for Klamath County Paid Leave Oregon benefits.

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

- They or their child 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 sexual assault, domestic violence, harassment, or stalking.
- They or their child needs medical treatment or to recover from injuries that were caused by sexual assault, domestic violence, harassment, or stalking.
- They or their child are getting counseling from a mental health professional because of an experience with sexual assault, domestic violence, harassment, or stalking.
- They or their child are getting services from a victim services provider because of an experience with sexual assault, domestic violence, harassment, or stalking.
- They need to move or make their current home secure to protect themselves or their child's health and safety.

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

VERIFICATION SECTION (Only one section below to be completed by designated individual)

OPTION 1 - 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

OPTION 2 - 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

OPTION 3 - OTHER (To be completed by an attorney, health care provider, licensed mental health professional or counselor, member of the clergy, or victim services provider that helped the claimant receive treatment, receive counseling services, or relocate as a result of domestic violence, harassment, sexual assault, or stalking.)

Full Name:	Employer:
Title:	Date of contact:
Profession:	License number (if relevant):
Phone number:	Email address:

This is a safe leave related situation This is not a safe leave related situation

Signature

Date