Faculty Affidavit of Parental Leave

I. Declaration:

I, ________________________________________, certify that I have primary responsibility for the care of my newborn or newly adopted child in accordance with the following criteria and am, therefore, eligible for benefits under Smith College’s Parental Leave Program.

II. Status:

1. I am the parent of this newborn or newly adopted child.

2. I will be the primary adult caregiver of the newborn or newly adopted child during the time I am absent from work on paid parental leave. **I understand that as the primary adult caregiver I am caring for the child the majority of the time.**

3. I will return to work at the expiration of my parental leave.

III. Acknowledgements:

I understand that the qualified period of paid parental leave is eight (8) weeks immediately following the birth or adoption. Anticipated date of birth or adoption: ____________________________.

Parental Leave begins on: ________________________ and ends on: ________________________.

I affirm that the assertions in this affidavit are true.

______________________________________________                            Date_________________
Faculty Member’s Signature

IV. Approvals

______________________________________________              Date _________________
Department Chair or Program Director

______________________________________________                            Date_________________
Provost and Dean of the Faculty