

**STAFF AFFIDAVIT OF PARENTAL LEAVE**

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**I. Declaration:**

I, \_\_\_\_\_ (employee name), certify that I have primary responsibility for the care of my newborn 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.
2. I will be the primary adult caregiver of the newborn during the time I am absent from work on paid parental leave. I understand as the primary caregiver I am caring for the newborn the majority of the time as a sole caregiver.
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. Anticipated date of birth: \_\_\_\_\_

Parental Leave begins on: \_\_\_\_\_ and ends on: \_\_\_\_\_

I affirm that the assertions in this affidavit are true.

\_\_\_\_\_  
Employee Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Manager/Department Head

Date: \_\_\_\_\_

\_\_\_\_\_  
Human Resources Signature

Date: \_\_\_\_\_