

Faculty Affidavit of Parental Leave

I. Declaration:

I, _____, certify that I have primary responsibility for
Faculty member's name (print)
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 the full semester the child arrives (or if the child arrives between semesters, the subsequent semester).

Anticipated date of birth or adoption: _____

Anticipated Semester of Parental Leave: _____

I affirm that the assertions in this affidavit are true.

Date _____
Faculty Member's Signature

IV. Approvals

Date _____
Department Chair or Program Director