

STAFF AFFIDAVIT OF PARENTAL LEAVE

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 twelve (12) 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: _____