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.

______________________________ Date: ________________
Employee Signature

______________________________ Date: ________________
Manager/Department Head

______________________________ Date: ________________
Human Resources Signature