
Employee Affidavit of Parental Leave**I. DECLARATION**

I, _____ (employee name), certify that I have primary responsibility for 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.

III. ACKNOWLEDGEMENT

I understand that the qualified period of paid parental leave is twelve (12) weeks, and is being taken within the first twelve (12) months following the birth or adoption.

Anticipated date of birth or adoption: _____

I affirm that the assertions in this affidavit are true.

Faculty Member's Signature

Date

Human Resources Signature

Date