

Staff Parental Leave Affidavit

Declaration

I, _____, certify that I have primary responsibility for the care of my newborn or adopted child in accordance with the following criteria and, therefore, am eligible for benefits under Lafayette College’s Parental Leave Program.

Status:

Yes No

I am the parent of the newborn or new adoptive parent.

I will be the primary caregiver of the child(ren) during the period of the paid parental leave. I understand that as the primary caregiver, I will normally have primary care responsibility for the child(ren) for a significant portion of the day during the regular work week for the entire period of the Paid Parental Leave. I also understand that when both parents are employees of the College, only one parent is entitled to primary caregiver Paid Parental Leave.

I will return to work at the expiration of my parental leave.

Acknowledgements:

I understand that the qualified period of Paid Parental Leave is governed by the Parental Leave Policy found in the Hourly and Salaried Employee Handbooks.

Anticipated date of birth or arrival: _____

Parental Leave begins on: _____ and ends on _____.

I affirm that the assertions in this affidavit are true. I acknowledge that the information I have provided above is accurate, and I understand that any falsification of information may lead to disciplinary action up to and including dismissal.

Employee Signature

Date

Human Resources

Date