

# AFFIDAVIT OF PRIMARY CAREGIVER STATUS-Faculty

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Estimated date leave shall begin: \_\_\_\_\_

In order to obtain one-semester leave or an eight-week leave pursuant to the provisions of the Maternity Leave and Family and Medical Leave Policy of Statutes of the Faculty of the College of the Holy Cross, I attest to the following:

- I am a full-time faculty member of the College of the Holy Cross and I hold an appointment of at least one year and have completed at least one semester of the appointment.
- I am an adoptive parent of a child or children under the age of 3 years, serving as the primary caregiver for the child or children, as follows:

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Date of adoption \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Date of adoption \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Date of adoption \_\_\_\_\_

1. I am the person in my household who has and will have primary responsibility in terms of time and commitment for the active care, custody, and welfare of the child or children listed above. I understand that a household can have only one primary caregiver.
2. I agree to comply with the provisions of the leave policies of the College of the Holy Cross and to supply any supporting documentation that the College, in its sole discretion, may require.

I certify that all of the information set forth in this Affidavit is true and correct.

Faculty Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Commonwealth of Massachusetts  
Worcester County

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), proved to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person who signed the preceding document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his) (her) knowledge and belief.

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Official signature and seal of notary