

AFFIDAVIT OF PRIMARY CAREGIVER STATUS (Staff)

Name: _____

Department: _____

Estimated date leave shall begin: _____

In order to obtain eight weeks of paid leave under the [Family Medical Leave Act](#) and [Adoption Leave Policy](#) of the College of the Holy Cross, I attest to the following:

- I am a full-time, benefits-eligible employee of the College of the Holy Cross and will have been a full-time employee for at least twelve consecutive months prior to the date of this leave.
- I am an adoptive parent of a child or children under the age of 13 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 understand that there shall be only one primary caregiver leave entitlement per birth or adoption and that it may not be divided.
3. The adopted child or children listed above are not my blood relative(s) or the child or children of my spouse or other member of my household.
4. 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.

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

Employee Signature: _____

Date: _____

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.

Official signature and seal of notary