

Primary Caregiver Affidavit

I certify that I meet the following requirements under the Paid Parental Leave Policy:

1. I am the natural parent, same sex spousal equivalent, or new adoptive parent (individuals adopting a spouse or partner's natural child(ren) are not eligible).
2. I will be the primary caregiver during the paid leave. Parent who is responsible for over 50% of care to child.

If both parents work for the University and both qualify for this benefit, only one leave will be granted but the allowed weeks of the parental leave may be divided between two consecutive time periods selected by the parents.

I acknowledge that if 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 termination.

Signature

Date