

DECLARATION OF RELATIONSHIP For Family and Medical Leave (FML)

This form should be completed by the employee when the employee requests FML:

- to care for a family member with a serious health condition; or
- for parental leave.

Please note:

- This declaration is for FML purposes only and does not establish benefits eligibility for the family member.
- The University may ask for reasonable documentation to confirm the family relationship referenced below.

EMPLOYEE'S NAME (Last)	(First)	(Middle Initial)
EMPLOYEE'S DEPARTMENT		

FOR REQUESTS FOR LEAVE TO CARE FOR A FAMILY MEMBER WITH A SERIOUS HEALTH CONDITION:

I am requesting FML to care for: _____
who is my: _____ and has a serious health condition.
[specify relationship with the employee]

This leave may be taken to care for the employee's **spouse, domestic partner, child or parent.**

Please note:

- “Child” means a biological, adopted, step, or foster child of the employee or a legal ward of the employee.
- “Child” also means a child to whom the employee stands *in loco parentis*, meaning that the employee has day-to-day responsibilities to both care for and financially support the child.
- The child must be under 18 or incapable of self-care due to a mental or physical disability.
- “Parent” means a biological, adopted, step, or foster parent.
- “Parent” also means a person who stood *in loco parentis* to the employee when the employee was a child, meaning that the person had day-to-day responsibilities to both care for and financially support the employee when the employee was a child.
- “Parent” does not mean a parent in law.

FOR REQUESTS FOR PARENTAL LEAVE:

I am requesting parental leave to bond with my newborn child, _____
whose birth date was: ____|____|____ or is anticipated to be: ____|____|____

OR

I am requesting parental leave to bond with: _____
a child who was or will be placed in my care on: ____|____|____

This leave must be taken within 12 months of the birth or placement of the child with the employee, as applicable. If leave is being taken in connection with the adoption or foster placement of a child, the employee may use this leave before the actual placement or adoption if the employee's absence from work is required for the adoption or foster care placement to proceed.

Please note:

- “Child” means a biological, adopted, step, or foster child of the employee or a legal ward of the employee.
- “Child” also means a child to whom the employee stands *in loco parentis*, meaning that the employee has day-to-day responsibilities to both care for and financially support the child.
- If the child is not yet named, some description of the child should be included.

SIGNATURE

I Certify that the foregoing is true.

EMPLOYEE SIGNATURE	DATE
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