

RICE UNIVERSITY
AFFIDAVIT OF PRIMARY CAREGIVER STATUS

Name: _____

Department: _____

Semester of Requested Primary Caregiver Leave: _____

In order to obtain a primary caregiver leave under Rice University's Policy No. 204, I attest to the following:

1. I am a full-time, benefit eligible faculty member employed by Rice University.
2. I am one of the following (check which applies and provide detail):
 - a. _____ a birth parent of a child (or children) named _____ who was (were) born on _____.
 - b. _____ an adoptive parent of a child (or children) under the age of one year (date of birth: _____) and named _____ who was (were) adopted on _____.
 - c. _____ a spouse or domestic partner of a birth parent of a child (or children) named _____ who was (were) born on _____.
3. 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 only have one primary caregiver.
4. I understand that there shall be only one primary caregiver leave entitlement per birth or adoption, and it shall not be divided.
5. I agree to comply with the provisions of Policy No. 204 and to supply any supporting documentation that the University, in its sole discretion, may require.

6. The primary caregiver leave will be completed within nine months after the birth or adoption of the child or children.

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

Employee Signature: _____

Date: _____

State of Texas)
)
County of Harris)

Before me, a notary public, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

Subscribed and sworn to before me this ____ day of _____, 20__.

Notary Public in and for Harris County, Texas
My commission expires: _____