



EMPLOYEE AFFIDAVIT OF RELATIONSHIP

(Required for FMLA/CFRA leave request based on eligible family member status)

Name of family member for which leave is being requested: _____

Initial the box at the left of the definition which defines your relationship to the above named family member.

	CHILD: "Child" means a child under the age of 18 years of age or 18 years of age or older who is incapable of self-care because of a mental or physical disability. An employee's child is one for whom the employee has actual day-to-day responsibility for care and includes a biological, adopted, foster or stepchild. A child is "incapable of self care" if he/she requires active assistance or supervision to provide daily self-care in three or more of the activities of daily living or instrumental activities of daily living such as caring for grooming and hygiene, bathing, dressing and eating, cooking, cleaning, shopping, taking public transportation, paying bills, maintaining a residence, using telephones and directories, etc.
	PARENT: "Parent" means the biological parent of an employee or an individual who stands or stood in loco parentis (in place of a parent) to an employee when the employee was a child. This term does not include parents-in-law.
	REGISTERED DOMESTIC PARTNER: "Registered Domestic Partner" means two adults who have established a relationship under California law by both individuals filing a Declaration of Domestic Partnership with the Secretary of State.
	SPOUSE: "Spouse" means a husband or wife as recognized under California State Law for purposes of marriage.

Certification:

I am requesting leave due to the serious health condition of an eligible family member. I have identified the family member at the top of this form and initialed in the box next to the definition of my relationship to that individual. I am aware I must immediately advise my employer if the situation changes and I am no longer required to assist in the care of the above family member.

I understand any false statement or misrepresentation regarding my relationship to this family member will result in denial of leave, associated benefits, and possible disciplinary action.

Employee Name (Please Print)

Date

Employee Signature

Date