

SARAH LAWRENCE COLLEGE

Paid Parental Leave Request: Primary Caregiver Affidavit

Name: _____

Expected Date of Birth or Arrival: _____

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

1. I am the new natural parent, or new adoptive parent (individuals adopting a spouse's or partner's already born natural child(ren) are not eligible).
2. I will be the primary caregiver during the paid leave in accordance with the following definition:

A primary caregiver is defined as someone who has primary responsibility for the care of a child immediately following the birth or the coming of the child into the custody, care and control of the parent for the first time. This definition applies to both births and adoptions.

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 dismissal.

Signature

Date