

DECLARATION OF RELATIONSHIP

For Family and Medical Leave (FMLA) and under the Family and Medical Leave Act (FMLA), the California Family Act (CFRA) and other designated Unpaid Leave(s)

This form should be complete by the employee when the employee requests FML or other unpaid leave:

- To care for family member with a serious health condition; or
- For parental bonding leave.

Please note:

- This declaration is for FML and other unpaid leave(s) purposes only and does not establish benefits eligibility for the family member.

Employee's Name (Last)	(First)	(Middle Initial)
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Employee's Location

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

This leave may be taken for the employee's spouse, domestic partner, child (including of the employee's which includes the child of registered domestic partner), parent, grandparent, grandchild, or sibling.

Please note:

- Step-relatives and relatives by virtue of adoption, foster care, and legal ward/legal guardian relationships are included on the same basis as the above-listed blood relatives.
- In-laws are not included.

I am requesting leave to care for: _____

Who is my: _____ and has a serious health condition.
[specify relationship with the employee]

FOR REQUESTS FOR PARENTAL BONDING LEAVE

This leave must be taken within 12 months of the birth or placement of the child with the employee for adoption a foster, as applicable. Please note: If the child is not yet named, some description of the child should be included below.

I am requesting parental bonding leave to bond with my newborn child, _____

whose birth date was: _____ or is anticipated to be: _____

OR

I am requesting parental bonding leave to bond with: _____

A child who was or will be placed with me for adoption or foster care on: _____

SIGNATURE

I Certify that the foregoing is true.

EMPLOYEE SIGNATURE

DATE