

BOSTON COLLEGE

ADOPTION LEAVE – PRIMARY CAREGIVER AFFIDAVIT

EMPLOYEE INFORMATION

Name: _____ Eagle ID: _____ - _____
Department: _____
Work Phone: _____ Home Phone: _____

ADOPTED CHILD INFORMATION

Name of Child: _____ Male ___ Female ___
Date of Birth (MM/DD/YY): _____
Date Placed in Home: _____
Adoption Finalization Date: _____

CERTIFICATION

I certify that I meet the following requirements under the Adoption Leave policy:

1. I am the new adoptive parent of the child named above.
2. The child is not my blood relative, nor the child of my spouse or other member of my household.
3. I will be the *primary caregiver** during the leave. (Only one parent can be designated as the *primary caregiver*.)

I acknowledge that any falsification of information may lead to disciplinary action up to and including termination.

Signature of Employee

Date

Benefits Office Approval

Date

Attach this form to your written request for an Adoption Leave and submit both items to your department and the Benefits Office.

*A *primary caregiver* is the person who has primary responsibility for the care of a child immediately following the placement of the child into the custody, care and control of the adoptive parent for the first time.

Submit completed form to the Benefits Office, 129 Lake Street, Room 140