

DECLARATION OF RELATIONSHIP (R12/22)

For Family and Medical Leave (FML) under the Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA)

This form should be completed by the employee when the employee requests FML:

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

Please note:

- This declaration is for FML purposes only and does not establish benefits eligibility for the family member.

EMPLOYEE'S NAME (Last)

(First)

(Middle Initial)

EMPLOYEE'S DEPARTMENT

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

This leave may be taken to care for the employee's **spouse, domestic partner, designated person, child (including a child of the employee's domestic partner), parent, parent-in-law, 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 loco parentis" relationships also qualify, which means that (a) "parent" includes a person who had day-to-day responsibilities to care for the employee or financially supported the employee when the employee was a child, and (b) "child" includes a person for whom the employee has day-to-day responsibilities to provide care or for whom the employee provides financial support.
- In-laws other than parents-in-law are not included unless the employee identifies the in-law as a designated person.
- A "designated person" is any individual related by blood or whose association with the employee is the equivalent of a family relationship. Employees are limited to one designated person per calendar year for FML purposes.

☐ I am requesting FML to care for: _____
[identify person's name]

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

If requesting FML to care for a **child**, check one of the following:

- ☐ My child is under 18 years of age or incapable of self-care due to a physical or mental disability.
- ☐ My child is 18 years of age or older and does not have a disability that renders them incapable of self-care.

If requesting FML to care for a **designated person**, please answer the following questions:

Is the designated person an individual related to you by blood or whose association with you is the equivalent of a family relationship? ☐ YES ☐ NO

Have you previously identified a designated person for FML purposes during this calendar year? ☐ YES ☐ NO

If yes, are you now requesting FML to care for that same designated person? ☐ YES ☐ NO

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 or foster care, as applicable. If leave is being taken in connection with an adoption or foster care placement, the employee may use this leave before the actual placement if the employee's absence from work is required for the placement to proceed. 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