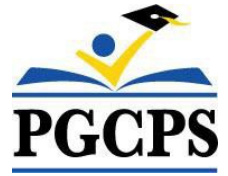


FMLA Affidavit of Family Relationship



To approve your request for your leave to be covered under FMLA, Prince George's County Public Schools (PGCPS) is requesting information and documentation of your relationship to the individual for whom you will be caring. Please complete this Affidavit, attach relevant documentation as necessary, and return to Absence Management via e-mail absence.mgmt@pgcps.org.

Employee Information	
Name (Last, First, Middle Initial)	EIN #
Reason for FMLA Leave	Email Address
Family Member Information	
Family Member's Name	Relationship to Employee
Covered Individuals Under FMLA	
<p>Family members covered under the federal FMLA include: *</p> <ul style="list-style-type: none"> • Parent (biological, adoptive, step or foster father or mother, or any other individual who stood in loco parentis to the employee when the employee was a son or daughter). • Spouse. • Child (biological, adoptive, step or foster children, legal wards, or a child of a person standing in loco parentis of the employee). Note: Child must be either under age 18, or age 18 or older and "incapable of self-care because of a mental or physical disability" at the time that FMLA leave is to commence. • For purposes of military caregiver leave under FMLA, next of kin of a covered service member means the nearest blood relative other than the covered service member's spouse, parent, son or daughter in the following order of priority: Blood relatives who have been granted legal custody of the covered service member by court decree or statutory provisions, brothers and sisters, grandparents, aunts and uncles, and first cousins unless the covered service member has specifically designated in writing another blood relative as his or her nearest blood relative for purposes of military caregiver leave under the FMLA. <p>*In-laws, grandparents, siblings and other extended family members are NOT covered by FMLA or company policy unless an in loco parentis relationship exists.</p>	
Supporting Documentation	
<p>I have attached a copy of the following documentation which verifies the relationship with the person named above entitling me to FMLA leave to care for this individual.</p> <p><input type="checkbox"/> Birth Certificate <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Court Document, please specify: _____</p> <p>OR</p> <p><input type="checkbox"/> I certify that the family member for whom I need to provide care for a serious health condition under the FMLA is a covered family member as defined above.</p>	
Authorization	
<p>By signing below, I grant Absence Management permission to verify all supporting documentation pertaining to this Affidavit in order to determine my eligibility.</p>	
Employee Signature	Date

MARYLAND NOTARY ACKNOWLEDGMENT

THE STATE OF MARYLAND

COUNTY OF _____

I hereby certify that on the ____ day of _____, 20____, before me, the subscriber, a notary public of the State of Maryland, in and for _____ (here insert name of the county or City of Baltimore for which notary is appointed), personally appeared _____ (name(s) of person(s) swearing) and made _____ (oath or affirmation) in due form of law that the matters and facts set forth in the _____ (here describe document to which the person(s) is or are swearing) are true.

As witness, my hand and notarial seal.

Notary Public Signature

(SEAL)

Print _____

My commission expires: _____