

**RICE UNIVERSITY**  
**AFFIDAVIT OF PRIMARY CAREGIVER STATUS**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Semester of Requested Primary Caregiver Leave: \_\_\_\_\_

In order to obtain a primary caregiver leave under Rice University's Policy No. 204, I attest to the following:

1. I am a full-time, benefit eligible faculty member employed by Rice University.
2. I am one of the following (check which applies and provide detail):
  - a. \_\_\_\_\_ a birth parent of a child (or children) named \_\_\_\_\_ who was (were) born on \_\_\_\_\_.
  - b. \_\_\_\_\_ an adoptive parent of a child (or children) under the age of one year (date of birth: \_\_\_\_\_) and named \_\_\_\_\_ who was (were) adopted on \_\_\_\_\_.
  - c. \_\_\_\_\_ a spouse or domestic partner of a birth parent of a child (or children) named \_\_\_\_\_ who was (were) born on \_\_\_\_\_.
3. I am the person in my household who has and will have primary responsibility in terms of time and commitment for the active care, custody and welfare of the child or children listed above. I understand that a household can only have one primary caregiver.
4. I understand that there shall be only one primary caregiver leave entitlement per birth or adoption, and it shall not be divided.
5. I agree to comply with the provisions of Policy No. 204 and to supply any supporting documentation that the University, in its sole discretion, may require.

