

Affidavit of Qualifying Family Relationship

(for Parental or Caregiver Leave)

State of _____

County of _____

The undersigned, having been duly sworn on their oath, states the following:

1. My name is _____. I am eighteen (18) years of age or older and have personal knowledge of the facts set forth in this Affidavit. I am providing the following information for the purposes of qualifying for parental or caregiver leave.
2. I am an employee of The Curators of the University of Missouri. My employee ID is _____, and I reside at the following address:
_____.
3. I am seeking ____ parental and/or ____ caregiver leave for the following person:

- ____ Spouse
- ____ Parent
- ____ Spouse's Parent
- ____ Child age of Child: ____

If the Child is eighteen (18) years of age or older, is the Child incapable of self-care due to mental or physical disability as defined by the ADA? ____ yes ____ no

4. I am seeking this leave for the following purpose:

5. I hereby warrant and attest that the above information is true and accurate.

Wherefore affiant sayeth naught.

(Employee Signature)

Subscribed and sworn to before me this ____ day of _____, 20__.

Notary Public

My commission expires:



University of Missouri System