



WESTFIELD STATE UNIVERSITY
AFFIDAVIT OF QUALIFYING FAMILY RELATIONSHIP

Employee Name: _____

Employee ID: _____

You have received this Affidavit of Qualifying Family Relationship because you have applied for a leave of absence for family leave benefits either (1) to care for a family member with a serious health condition or (2) to manage a qualifying exigency arising from your family member's call to active duty.

Your employer, Westfield State University requires additional information and documentation of your relationship to the individual whose situation necessitates your leave.

Please complete this form and attach any relevant documentation, if available. The completed form and documentation must be returned to Human Resources - BENEFITS at **Benefits@westfield.ma.edu**.

Family Member Name: _____

Relationship to Claimant ("This person is my..."): _____

Family Member's Date of Birth: _____

Please select all that apply and sign below.

In order to verify that our relationship entitles me to family leave, I have attached a copy of the following documentation as proof of the relationship between the individual named on this form and me:

- Birth Certificate
- Marriage Certificate
- Court document: _____
- Other: _____

I am unable to provide relevant supporting documentation.

I certify under penalty of perjury that the information contained in this form is true and correct and that the individual named on this form, whose situation necessitates my leave, is a covered family member under the federal FMLA and state PFML law.

Employee Signature: _____

Date: _____