

Primary Caregiver Paid Leave Certification

Name: _____

Office: _____

Date of Birth or Placement: _____

I certify that I meet the following requirements under the Primary Caregiver Paid Leave Policy:

1. I am the natural parent, same sex spousal equivalent, or new adoptive parent (individuals adopting a spouse or partner's natural child(ren) are not eligible).
2. I will be the primary caregiver during the paid leave.*

If both parents work for EDSI, only one parent can be designated as the primary caregiver.

I acknowledge that the information I provided above is accurate, and I understand that any falsification of information may lead to disciplinary action up to and including termination.

Signature: _____ Date: _____

*A primary caregiver is defined as someone who has primary responsibility for the care of a child immediately following the birth, or the coming of the child into the custody, care and control of the parent for the first time. This definition applies to both births and adoptions. Only one primary caregiver paid leave, per child per household, will be granted to the primary caregiver of the child. If only one parent is an EDSI employee, he or she must be the primary caregiver to qualify for the primary caregiver paid leave.