

**Duke University
Paid Parental Leave Request:
Primary Caregiver Affidavit**

Name: _____ **Duke Unique ID:** _____

Expected Date of Birth: _____ **Department:** _____

I certify that I meet the following requirements under the Paid Parental 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 Duke, only one parent can be designated as a primary caregiver.

I acknowledge that if the information I have provided above is accurate, and I understand that any falsification of information may lead to disciplinary action up to and including termination. I also understand that I may use any or all of my accrued sick leave, vacation, or PTO to cover the consecutive three-week waiting period prior to commencement of the paid parental leave.

Signature _____ Date _____

Attach this form to your Leave of Absence Request form. Both forms must be attached to the Payroll Leave of Absence form (to be completed by your payroll clerk), signed by your department and submitted to Corporate Payroll (Box 90484, Durham, NC 27708) 30 days in advance of the first day of leave.

*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 paid leave per child per household will be granted to the primary caregiver of the child. If only one parent is a Duke employee, they must be the primary caregiver to qualify for the paid leave.