Employee Name: _____

CONNECTICUT DEPARTMENT OF LABOR
Partner of the American Job Center Network

Family Member Verification Form

DO NOT SEND TO THE DEPARTMENT OF LABOR.
PROVIDE TO EMPLOYEE.

In connection with your request for Connecticut Family and Medical Act (CTFMLA) leave to care for a family member with a serious health condition, please read the information below and complete this form.

I, _____, am seeking CTFMLA leave to care for a family member with a serious health condition.

Name of the individual for whom you are providing care:

Last name: _____ First name: _____

A "family member" is defined in Section 31-51kk(6) of the Connecticut General Statutes. Please check the box below describing your relationship with the above-identified family member.

☐ **Spouse -** A spouse is defined as a person to whom you are legally married.

☐ **Sibling -** A sibling is defined as your or your spouse's biological, adopted, or foster brother or sister, half-brother or half-sister, stepbrother or stepsister, or brother-in-law or sister-in-law.

☐ **Son or Daughter (of any age) -** A son or daughter is defined as your biological, adopted, or foster child, a stepchild, legal ward, or an individual to whom you stand *in loco parentis* currently or when the individual was a child. A son or daughter may be of any age.

☐ **Grandparent -** A grandparent is defined as a grandparent related to an individual by blood, marriage, adoption of a minor child by a child of the grandparent, or foster care by a child of the grandparent

☐ **Grandchild -** A grandchild is defined as a grandchild related to an individual by blood, marriage, adoption by a child of the grandparent, or foster care by a child of the grandparent.

☐ **Parent -** A parent is defined as your or your spouse's biological, adopted, or foster parent, stepparent, parent-in-law, legal guardian, or an individual standing *in loco parentis* to you currently or when you were a child.

☐ **An individual related to you by blood or affinity whose close association with you is equivalent to one of the above -listed family relationships ("Affinity Relationship")**

> An Affinity Relationship exists if you consider your relationship with an individual to be equivalent to the relationship one would have with a spouse, sibling, son, daughter, grandparent, grandchild, or parent. **An employer may not require any additional information regarding an Affinity Relationship other than a simple, written statement verifying that you consider your relationship with the individual you seek to care for to be the same as one between a spouse, sibling, son, daughter, grandparent, grandchild, or parent (e.g., John Smith is like a brother to me).** You do not need to have a biological or legal relationship with the individual, rather you need only have a significant personal bond.

Describe your Affinity Relationship with the individual for whom you seek to provide care:

_____

_____

I verify that the information above is correct:

Employee Signature: _____ Date: _____

DO NOT SEND THE COMPLETED FORM TO THE DEPARTMENT OF LABOR.
RETURN TO THE EMPLOYER.