



CITY OF HOUSTON

Statement of Family Relationship - Sick Leave

If you are requesting Sick Leave to care for a spouse, child or parent with a bona-fide illness, disease or injury, you must complete the appropriate section of this form, and submit the form to your supervisor.

Employee's Full Name (first, mi, last): _____

Employee No.: _____

SPOUSE:

SPOUSE is defined as: a husband or wife as defined or recognized under state law. The State of Texas recognizes a common law marriage, but does not recognize a domestic partnership.

The employee's request for Sick Leave pertains to the employee's spouse. Complete (a). If common-law marriage, complete (b).

(a) Spouse's Full Name (last, first, mi): _____

(b) If the relationship is by common-law marriage, read and complete the following statement.

I, the undersigned, am married, but the marriage exists without there having been a ceremonial marriage or recorded license. I understand that under the laws of Texas, such a marriage is valid only if (1) neither of us has a prior legal impediment or bar to marriage, such as a previous marriage which has not been terminated; (2) both of us do, in fact, intend to be husband and wife; (3) we have lived together as husband and wife; and, (4) we hold ourselves out to the public as husband and wife.

Employee's Signature: _____

Date: _____

CHILD:

CHILD is defined as: a biological, adopted, or foster care son or daughter; a stepson or stepdaughter, a legal ward, or the son or daughter of an employee standing **in loco parentis***, and who is either under age 18, or is age 18 or older and incapable of self-care because of mental or physical disability.

The employee's request for Sick Leave pertains to the employee's child. Complete (a). If **in loco parentis**, complete (b).

(a) Child's Full Name (last, first, mi): _____ DOB: MM / DD / YEAR _____

Child's Full Name (last, first, mi): _____ DOB: MM / DD / YEAR _____

Child's Full Name (last, first, mi): _____ DOB: MM / DD / YEAR _____

Child's Full Name (last, first, mi): _____ DOB: MM / DD / YEAR _____

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(b) If the relationship with the person is ***in loco parentis***, read and complete the following statement:

I, the undersigned, have an ***in loco parentis*** relationship with the child/children named above.

Explanation of ***in loco parentis*** relationship: _____

PARENT:

PARENT is defined as: a biological mother or father, or an individual who stands or stood ***in loco parentis**** to an employee when the employee was a child. The term does not include a parent-in-law.

- The employee's request for Sick Leave pertains to the employee's parent (not parent-in-law).
Complete (a). If ***in loco parentis***, complete (b).

(a) Parent's Full Name (last, first, mi): _____

Parent's Full Name (last, first, mi): _____

(b) If the relationship with the person is ***in loco parentis***, read and complete the following statement:

I, the undersigned, have an ***in loco parentis*** relationship with the person(s) named above.

Explanation of ***in loco parentis*** relationship: _____

I certify that the information provided above is true and correct. I understand that if I provide false or misleading information, I may be denied Sick Leave and related benefits and receive discipline up to and including indefinite suspension.

Employee's Signature: _____

Date: _____

* Persons who are ***in loco parentis*** include those with day-to-day responsibilities to care for and financially support the child/children, or, in the case of an employee, who had such responsibility for the employee when the employee was a child. A biological or legal relationship is not necessary.