CITY OF HOUSTON - FAMILY AND MEDICAL LEAVE
STATEMENT OF FAMILY RELATIONSHIP

If you are requesting FMLA leave to care for a spouse, child or parent with a serious health condition, or for the birth, adoption or foster care placement of a child and/or to care for the child within 12 months of the birth or placement, you must complete the appropriate section of this form, sign and date on the reverse side, and submit the form to your supervisor. Pursuant to the Family and Medical Leave Act of 1993, the City may require supporting documentation.

_____ _____/_____/_____ _____
Employee Name (first, mi, last) Social Security No. Employee No.

_____ (____ _)_____-_____
Home Address City State Zip Code Home Phone No.

SPOUSE: 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.

CHILD: 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.

PARENT: 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.

* Persons who are ***in loco parentis*** include those with day-to-day responsibilities to care for and financially support a child, 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.

Part I

☐ The employee's request for FMLA leave pertains to the employee's spouse. Complete (a) or (b).

(a) Spouse's 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. The following information is given under oath:

Spouse's Name (last, first, mi) _____

Date when parties commenced a relationship as husband and wife _____/_____/_____.

List the names, addresses and telephone numbers of at least two persons who are unrelated to either you or your spouse and who will confirm that they consider you to be husband and wife. The City is authorized to contact the named persons for such confirmation.

_____ (_____)_____-_____
Name Address City State Zip Code Phone No.

_____ (_____)_____-_____
Name Address City State Zip Code Phone No.

Form F

Part II

☐ The employee's request for FMLA leave **(pertains to the employee's child)**. Complete (a) or (b).

(a) Child's Name (Last, First, MI) _____

Date of Birth: _____/_____/_____ Place of Birth: _____

(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 named in **Part II** above.

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

_____

_____

_____

Part III

☐ The employee's request for FMLA leave pertains to the **(employee's parent)** (not parent-in-law). Complete (a) or (b).

(a) Parent's 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 named in **Part III** 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 FMLA leave and related benefits and receive discipline up to and including indefinite suspension.

_____ _____/_____/_____

Employee's Signature Date