



## WAUKESHA COUNTY

### Federal Family and Medical Leave "IN LOCO PARENTIS" Affidavit HR-1500-F

*In Loco Parentis* Definition\*: Federal FMLA regulations define *in loco parentis* as a person who has put himself or herself in the situation of a lawful parent by assuming the obligations incidental to the parental relation without going through the formalities necessary to legal adoption. It embodies the two (2) ideas of assuming the parental status and discharging the parental duties. Either day-to-day care or financial support may establish an *in loco parentis* relationship where the employee intends to assume the responsibilities of a parent with regard to a child.

Employees who have no biological or legal relationship with a child may, nonetheless, stand *in loco parentis* to the child and be entitled to federal FMLA leave. Similarly, an employee may take leave to care for someone who, although having no legal or biological relationship to the employee when the employee was a child, stood *in loco parentis* to the employee when the employee was a child, even if they have no legal or biological relationship.

Examples of situations in which an *in loco parentis* relationship may be found include where a grandparent takes in a grandchild and assumes ongoing responsibility for raising the child because the parents are incapable of providing care, or where an aunt assumes responsibility for raising a child after the death of the child's parents. Such situations may, or may not, ultimately lead to a legal relationship with the child (adoption or legal ward), but no such relationship is required to find *in loco parentis* status. In contrast, an employee who cares for a child while the child's parents are on vacation would not be considered to be *in loco parentis* to the child.

*\*In-laws, grandparents, siblings and other extended family members are NOT covered by federal FMLA or County policy unless an in loco parentis relationship exists.*

Per definition above, indicate for whom the care is for:

Name of Family Member: \_\_\_\_\_

Indicate their relationship to you:

- \_\_\_\_\_ I provide day-to-day care responsibilities and/or financial support for this family member
- \_\_\_\_\_ This family member provided day-to-day care responsibilities and/or financial support for me as a child

*I certify the information provided above to be a true and accurate description of my relationship with the family member named. I understand I must immediately notify the Human Resources Manager should this in loco parentis standing dissolve any time after I submit this certification and my failure to do so may result in discipline, up to and including termination.*

Print Employee Name: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Please submit this Form with the FMLA Leave of Absence Request Form to your supervisor/department.**