



State of Connecticut Human Resources
Statement of Qualifying Family Relationship
For Family Leave or Military Family Leave

(To be completed by Employee)

Form #: FMLA-HR4
New Effective 1/1/2022

Employee Name, Employee No., Official Job Title, Agency, Home Address, City, State, Zip Code, Employee's Personal Phone No., Employee's Personal Email, Type of Leave: Caregiver, Bonding, Military, Name of family member:

Relationship to Employee:
[] Spouse [] Grandparent
[] Parent [] Spouse's grandparent
[] Spouse's parent [] Sibling
[] Child Age of child * [] Sibling-in-law
[] Grandchild
[] An individual related by blood or affinity whose close association with the employee is the equivalent to one of the above listed family relationships**

*If the Child is age 18 or older, are they incapable of self-care due to mental or physical disability as defined by the ADA?
Yes No

**If the family member is an individual related to you by blood or affinity (including a person who stood in loco parentis to you or for whom you stand in loco parentis) you must complete this section:

I am asserting that an affinity relationship exists between myself and

Describe how this relationship demonstrates a family relationship:

Purpose of Leave:

NOTE: For bonding leave of a newborn child, provide a copy of the Birth Certificate as soon as it is available. For adoption or foster care related bonding leave provide a copy of the adoption or foster care placement papers.

I hereby assert that the above information is true and accurate and provide this statement for the purposes of qualifying for family medical leave for the reasons indicated above.

(Employee Signature) (Date)

Return the completed form(s) to Human Resources.