



City of Seattle

**Affidavit of Child Placement for Foster Care**

**Paid Parental Leave Program**

I, \_\_\_\_\_, (please print your name) verify that on  
\_\_\_\_\_ (date of event) a foster care child will be placed in my home until  
\_\_\_\_\_ (expected end date of placement) .

- I am a licensed with the State of Washington as a foster care provider and a child has been placed in my home for the purpose of providing foster care.
- I understand that this affidavit covers the period of time of actual placement within my home, not including any pre-placement activities.
- I understand that I can only receive the maximum leave hours for this benefit once every 12 months, but that I may receive the benefit for more than one event or child during the 12 month period, as long as I do not reach the maximum benefit level.
- I agree to notify my department’s Human Resources representative if there is any change of circumstances attested to in this affidavit as soon as possible.
- I understand that this information will be held confidential and will be subject to disclosure only upon our express written authorization or if otherwise required by law.

***I certify under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct. I, the undersigned City of Seattle Employee, understand that willful falsification of information on this affidavit may lead to disciplinary action.***

Employee’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Employing Unit \_\_\_\_\_ Phone \_\_\_\_\_