



Mashantucket Pequot
Tribal Nation

Verification of Relationship

For leave to care for a family member or covered servicemember
under the Mashantucket Pequot Family and Medical Leave Law (MFML Law)

Employee Name (Please print first and last name):	Employee No.:
Name of the person requiring care (Please print first and last name):	

An eligible employee may take leave under the MFML Law to care for a person with a serious health condition who is a Family Member. For leave to care for a covered current or veteran servicemember with a serious illness or injury, the employee must be the servicemember’s Family Member or Next of Kin. Please complete Section A (non-military) or Section B (military caregiver) below to identify the relationship between yourself and the person for whom you seek leave to provide care.

A. The person for whom I would provide care is my: (Please check a box to complete the sentence. For military caregiver leave, complete section B)

- Spouse** – Partner by marriage or civil union that is legal in the jurisdiction in which it was performed.
- Child (of any age)** – Biological, adopted, or foster child, stepchild, TMDC*, legal ward, or a child to whom I now stand *in loco parentis*** or to whom I stood *in loco parentis*** when they were under the age of 18.
- Grandchild** – Related to me by blood, marriage, adoption by my child, in foster care with my child or a TMDC* of my child.
- Parent** – My or my spouse’s biological parent, adoptive parent, stepparent, parent-in-law, foster parent, or legal guardian, or a person standing *in loco parentis*** to my spouse or me currently or when we were under the age of 18.
- Grandparent** - Related to me by blood, marriage, my adoption as a minor child by their child, my foster care by their child or my being a TMDC* of their child.
- Sibling** – My or my spouse’s biological, half, step, adopted or foster sibling, sibling-in-law or TMDC* sibling.

B. I am the covered current or veteran servicemember’s: (Please check the box(es) that complete the sentence.)

- Spouse** – Partner by marriage or civil union that is legal in the jurisdiction in which it was performed.
- Child (of any age)** – biological, adopted, or foster child, stepchild, TMDC*, legal ward, or a child to whom the servicemember now stands *in loco parentis*** or to whom the servicemember stood *in loco parentis*** when I was under the age of 18.
- Grandchild** – Related by blood, marriage, my adoption by the servicemember’s child, in foster care with the servicemember’s child, or as a TMDC* of the servicemember’s child.
- Parent** – Biological parent, adoptive parent, stepparent, parent-in-law, foster parent, or legal guardian, or a person standing *in loco parentis*** to the servicemember currently or when the servicemember was under the age of 18.
- Grandparent** - Related to the servicemember by blood, marriage, adoption of the servicemember as a minor child by my child, foster care of the servicemember by my child, or the servicemember is a TMDC* of my child.
- Sibling** – Biological, half, step, adopted or foster-sibling, sibling-in-law, or TMDC* sibling.
- Next of Kin** - Nearest blood relative not identified above who the covered servicemember designated in writing; has legal custody of the covered servicemember; is an aunt, uncle, cousin or other blood relative.

***TMDC means Tribal Member Dependent Child** - a person who is not a member of the Mashantucket Pequot Tribal Nation (MPTN) who was in the custody and care of a member of MPTN and resided in the household of the Tribal Member as a member of their family for at least seven (7) years on or before reaching the age of 18.

****In loco parentis** means a relationship in which a person assumes the obligations of a parent to a child, such as the day-to-day responsibilities to care for or financially support a child. No biological or legal relationship is required.

This document may be signed manually or electronically, which includes a manual signature submitted electronically. Your electronic signature is the legally binding equivalent of your manual signature. Your signature must be visible in both electronic and print formats.

By signing below, you are verifying that the information you provided on this form is true and correct.

Employee Signature:	Date (mm/dd/yyyy):
---------------------	--------------------

Submit the completed form to your employer. Do NOT submit the completed form to the MERO.