

Bonding Statement

Colorado State University



Colorado Family and Medical Leave Insurance (FAMLI)

Employer: Colorado State University
Address: 6004 Campus Delivery
 555 South Howes St, 2nd Floor
 Fort Collins, CO 80523-6004

Phone: 970-491-6947
Secure Portal for Upload
Email: HR_leave@colostate.edu
Website: <https://hr.colostate.edu/colorado-famli-program/>

Important directions for completing your request for benefits:

To request bonding leave benefits under Colorado FAMLI, you must return this completed Family Leave Bonding Statement to **CSU Human Resources** with your completed Application and any other supporting documents. Incomplete or missing information may result in a delay in claim processing. Do not return documents to the State of Colorado.

Section 1: Employee/Applicant Information

First Name	Last Name	Date of Birth	Last 4 Digits of SSN
Address, City, State, Zip Code			
Cell number	Home Number	Work Number	

Section 2: Bonding Statement (Statement of the family relationship and bonding type)

I am making a request for paid family leave benefits to bond with:

Child's Name: _____

Date of Birth, Adoption or Placement: _____

Please select **one** bonding type and submit a copy of the supporting documentation. Please note that additional documentation may be requested as needed:

Biological child – Please provide **one** of the following:

- Proof of birth (copy of birth certificate, application for a birth certificate, documentation from the health care provider who provided care during birth or recovery, or vital records showing birth of child); or
- Statement from you establishing *in loco parentis* status (defined above).

In loco parentis – a relationship in which a person puts himself or herself in the situation of parent by assuming and discharging the obligations of a parent to a child. For more details and examples of these relationships, please see 7 CCR 1107-3.

Adopted child - Please provide proof of adoption placement (copy of adoption papers or court documents; include the child's date of birth and adoption date).

Foster child - Please provide **one** of the following:

- Proof that you are a licensed or certified foster parent and that the child has been placed in your care; or
- Documentation from a child placement agency, state or county department of human services, or a court indicating a kinship or emergency placement was necessary to provide for the immediate care and safety of the minor child and you will be standing *in loco parentis* through a power of attorney or other legal designation.

Employee's Signature: _____

Date: _____