

Family and Medical Leave Form

Certification Leave Due to Adoption or Foster Care

EMPLOYEE INFORMATION (to be completed by the employee):

Employee's Name: _____

Child's Name: _____

Qualifying event for which leave is being requested:

Adoption/Placement Foster Care

PROVIDER CERTIFICATION (to be completed by the professional provider):

Adoption/ Placement or Foster Care

I hereby certify that placement was made to the above named employee's family on

_____ (Date of Placement)

(Print Name of Social Service Agency)

Telephone Number

(Social Service Agency Official's Signature)

Date