

Certification of Adoption or Foster Care Placement

Section 1

Employer Name

Supervisor / Responsible Administrator Name

Employer Title

Employee's Work Schedule

Section 2

Employee Name

Adoption

Foster care placement

Date Leave to Begin

Date Leave to End

Signature of Employee

Date Signed

Section 3

Professional / Agency Name and Address

Actual or Anticipated Date of Adoption / Placement

Phone Number

Fax

Signature of Official

Date Signed