

FMLA - Adoption or Foster Care Placement - Supporting Documentation

To be filled out by the employee:

Name: _____

Length of leave requested: _____

Signature: _____ Date: _____

To be filled out by the placement professional or agency. Please attach relevant documentation.

This document confirms that _____ [employee name] is working with/has worked with _____ [agency or law firm name] regarding the adoption or placement in foster care of a son or daughter. The anticipated or actual date of placement is _____.

Agency address and phone number: _____

Agency official's signature: _____

Date: _____

Please return to (add contact information).