Request for Leave – Adoption Placement

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 (Birth Certificate and Adoption Papers).

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’s address and phone number:

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Print Name of Agency Official:

_______________________________________________________________________

Signature of Agency Official:

_______________________________________________________________________

Date:

_______________________________________________________________________

Please return form to: Rebecca Farrington – HR Specialist