



STATE UNIVERSITY OF NEW YORK AT GENESEO
DEPARTMENT OF HUMAN RESOURCES

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