CERTIFICATION OF ADOPTION/FOSTER CARE PLACEMENT

(FAMILY AND MEDICAL LEAVE ACT)

I, attest that I am in the process of __ adopting / __fostering a child. I am requesting leave under the Family and Medical Leave Act for time needed to fulfill prerequisites prior to the placement and for bonding leave after the placement of the child in my home. As per Joshua ISD policy, I will provide substantiation below and as warranted throughout the placement process.

Employee Signature: _____ Date:_____

Employee Name [printed]: _____

Leave start date: _____**Anticipated or actual placement date:** _____

If leave is necessary prior to the date of adoption/foster care placement, such as for court appearances, counseling, etc., indicate the date(s) and reason(s) below:

Date	Reason – provide brief explanation

Documentation

Name of adoption or foster care agency: _____

Address: _____

_____

Contact Name: _____ Phone: _____

Type(s) of documentation attached / to be provided at a later date:

- Adoption/foster care placement letter
- Adoption court documents
- Birth certificate/certificate of birth
- Adoption/foster care agency documents for pre-placement activities
- Travel documents
- Other (explain): _____

HR Signature: _____ Date: _____

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