

## Family and Medical Leave Act (FMLA): Certification of Adoption or Foster Care Placement

---

---

*NOTE: Where the need for leave is foreseeable, such as for an expected adoption or foster care placement, an employee should provide at least 30 days advance notice of the need for leave to the responsible administrator in Human Resources whenever possible. This information includes the anticipated timing and duration of the leave. Failure to fully complete this form could result in an initial denial of an FMLA leave or a delay in approval of an FMLA leave for the employee.*

### **SECTION I: For completion by the RESPONSIBLE ADMINISTRATOR AND/OR EMPLOYEE**

Employer name including department/unit:	
Responsible administrator's name:	
Employee's job title:	Employee's regular work schedule:

### **SECTION II: For completion by the EMPLOYEE**

**INSTRUCTIONS:** Ensure that Sections I and II are completed before giving this form to the professional/agency. By signing this form, you represent that the information you provided is true and correct. Unless advised otherwise in writing, you have 15 calendar days to return this form to your responsible administrator.

Employee's name:	Reason for Leave: <input type="checkbox"/> Adoption placement <input type="checkbox"/> Foster Care
Length of time requested for leave:	<input type="checkbox"/> Intermittent <input type="checkbox"/> Extended Period
Signature of employee:	Date signed:

### **SECTION III: For Completion by the PROFESSIONAL/AGENCY**

**INSTRUCTIONS:** Please provide the following information and be sure to sign the form representing that the information provided is accurate.

Professional/agency name, including contact and business address:	
Actual or anticipated date of placement:	
Telephone (with area code):	Fax (with area code):
Signature of professional/agency official:	Date signed:

*\*If sickness is present with the minor child during this process, please complete FMLA Form **WH-380-F** – Certification of **Health Care Provider for Family Member's Serious Health Condition**.*

*\*Employee must use vacation accrual or leave without pay during this period unless the minor child is ill, FMLA Form **WH-380-F** must be completed for use of sick leave.*