

CERTIFICATION OF ADOPTION OR FOSTER CARE

This form is to be used by CBOH employees to document family and medical leave for placement of a child with the employee for adoption or foster care.

NAME OF EMPLOYEE:		
Last:	First:	MI:
This is to certify that a child was or will be adopted or accepted into foster care by the employee named above on:		DATE:

Additional comments/explanation:

Name of Official Authorizing Adoption or Foster Care - Please Print	Phone Number
Signature of Official Authorizing Adoption or Foster Care	Date