



### Adoption/Foster Care Placement FMLA Certification

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 City of Kent policy, I will provide substantiation below and as warranted throughout the placement process.

Employee Name [printed]: \_\_\_\_\_

Leave start date: \_\_\_\_\_ Leave end date: \_\_\_\_\_ Anticipated/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 description

#### Documentation

Name of adoption or foster care agency: _____
Address: _____
Contact Name: _____ Phone: _____

<p><b>Type(s) of acceptable documentation:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Foster care/adoption placement letter.</li> <li><input type="checkbox"/> Adoption court documents.</li> <li><input type="checkbox"/> Birth certificate/certification of birth.</li> <li><input type="checkbox"/> Adoption/foster care agency documents for pre-placement activities.</li> <li><input type="checkbox"/> Travel documents.</li> <li><input type="checkbox"/> Other [explain]: _____</li> </ul> <p><b>Is documentation attached?</b> ____ Yes. ____ No, I will provide within 15 calendar days.</p>
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<p>If you have any other information that was not addressed on this form, please provide:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form to: [HRBenefits@kentwa.gov](mailto:HRBenefits@kentwa.gov) or fax to 253-856-6270.