**Agency Provider Signature** 

Texas A&M AgriLife Administrative Services – Human Resources



## **Certification of Adoption or Foster Care Placement**

EMPLOYEE INFOR	RMATION (to be c	ompleted by the employee)
Employee's Name:		
Qualifying Event:	Adoption	Foster Care
Age of Child: Anticipated Date of Placement in Home:		e of Placement in Home:
Requesting Leave:		
From:	To:	
Intermittent Leave*:		
*The syste	m member must ag	ree to intermittent leave requests.
Employee Signature: _		Date:
*Supervisor's Signature	ə:	Date:
Employee must pro	vide agency certific placement of a	ation OR other legal documents to confirm adopted or foster
		mpleted by the agency provider)
Adoption		Foster Care
I certify that placement	was made with the	above named employee's family on:
Date of Placement:		
Agency Name:		
Address:		
Phone Number:		
		Date: