

Family and Medical Leave Act

Documentation of Child's Birth, Adoption or Foster Care Form

Employee's Name:	Employee ID #:
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For Birth of a Child:

Physician/ Provider:	
Address:	
Phone No.:	
Mother's Name:	
<input type="checkbox"/> This is to certify the mother named above is expected to give birth on: _____ (date)	<input type="checkbox"/> This is to certify the mother named above gave birth on: _____ (date)
Health Care Provider's Signature: (No Stamp Please)	Date:

For Adoption/ Foster Care:

Foster Care of Adoption Agency/ Attorney:	
Address:	
Phone No.:	
<input type="checkbox"/> This is to certify the child will be placed for adoption with the above named employee on: _____ (date)	<input type="checkbox"/> This is to certify the child will be placed for foster care with the above named employee on: _____ (date)
Child Placement Agency Representative/ Attorney Signature: (No Stamp Please)	Date: