



**GEORGIA DEPARTMENT OF HUMAN SERVICES
Human Resources Policy #1005 A3**

CERTIFICATION OF ADOPTION OR FOSTER CARE

This form is to be completed by employees to document Family and Medical Leave for the adoption of a child or foster care.

Employee Name: _____ **Date:** _____

I request to use available leave during the period of absence as follows:

_____ Hour(s) of Annual Leave

_____ Hour(s) of Comp Time

_____ Hour(s) of Leave Without Pay

_____ Hour(s) of Personal Leave

_____ Hour(s) of Sick Leave

Does your spouse work for State government? Yes No

If yes, which agency? _____

Employee Signature: _____

Adoption or Foster Care Authorizing Official Verification

This certifies that a child was or will be adopted by or placed into foster care with the employee named above on the date specified below:

Date of Adoption or Foster Care Placement: _____

Additional comments/explanation:

Authorizing Official Printed Name: _____

Authorizing Official Signature: _____

Authorizing Official Phone Number: _____

Date: _____