Date form	received from
employee .	



Supplemental Paid Parental Leave: Foster-to-Adopt Form

Instructions

The employee must submit this form along with the *Protected Family and Medical Leave Request Form* when requesting supplemental Paid Parental Leave for the Foster-to-Adopt placement of a child.

To be Completed by the Employee	
Employee name:	Employee ID: 0000
Foster-to-Adopt Attestation	
I am applying for supplemental Paid Parental Leave be a foster child placed with me that I intend to legally ado	cause my adoptive home study has been approved and I have had pt.
I understand that if it is determined that I have misrepre including termination from employment.	esented this information, I will be subject to discipline up to and
Employee signature:	Date signed: