

REQUEST FOR FOSTER PARENT/ADOPTION LEAVE

Employee's Name: _____
 First Middle Last

Home Mailing Address: _____
 City: _____ State: _____ Zip: _____

Social Security Number: XXX-XX- _____ Home Telephone # _____

Work Telephone # _____ Work Site: _____

Position: _____

Date Requested to Begin Leave: _____ Date Requested to End Leave: _____

 Employee's Signature Date

 Principal's Signature Date

Check type of Leave

<input type="checkbox"/>	Adoption of a child. Certificate statement required from the adoption agency/court system that an adoption has occurred or is imminent. Certificate must be signed/dated and include the actual or anticipated adoption date.
<input type="checkbox"/>	Foster placement of a child. Certificate statement required from the professional agency that must be signed/dated and include agency name, business address and phone number, and anticipated or actual foster placement date.

Forward to the Human Resources Benefits Office
580 Glover Street
Marietta, Ga. 30060
(770) 426-3342 (678) 594-8580 (fax)