

St. Louis County Government
FAMILY MEDICAL LEAVE CERTIFICATION FORM
ADOPTION OR FOSTER CARE

Instructions for the County Employee:

1. Complete the top portion of this form.
2. Ask the agency representative assisting you to complete this form.
3. Return the completed form to your supervisor as soon as possible.

Employee's Name: _____

Employee Identification #: _____

TO THE AGENCY REPRESENTATIVE

This Certification Form is required for approval of the above County employee's request for a Family Medical Leave of Absence. Please complete this form and sign below. This form relates to the employee for whom a leave of absence has been requested under the Family and Medical Leave Act of 1993.

Anticipated Date of Placement of Child: _____

Does the employee need any time off from work before the placement of the child to complete the placement procedures? YES NO

If yes, please explain:

Agency Name: _____

Address: _____

Telephone No.: _____

Name: (Please Print) _____

Signature: _____ **Date:** _____