

EMPLOYEE APPLICATION FOR ADOPTION LEAVE

Employee: _____

Smith ID Number: _____

Position: _____

Department: _____

Hire Date: _____

Date of Request: _____

Please complete the applicable section below and forward this application to your department head as soon as the adoption is confirmed.

APPLICATION FOR PAID LEAVE I am requesting a **paid** leave of absence of up to 8 weeks under the Adoption Leave Plan. I am requesting a **paid** leave of absence of 5 days under the Adoption Leave Plan.

NOTE: *To be eligible for this paid leave, you must have completed 12 consecutive months of employment at the college in a regular or grant-funded position of half-time or more prior to the beginning of your leave, and be the designated primary caregiver as defined by the adoption agency.*

Begin Date: _____

Return to Work Date: _____

Age of Adopted Child: _____

Comments: _____

I understand that by requesting this leave of absence, I am committed to returning to work on the date specified.

Employee Signature: _____ Date: _____

APPLICATION FOR UNPAID LEAVE

I am requesting an **unpaid** adoption leave of absence per the provisions of the Adoption Leave Plan.

NOTE: *To be eligible for an unpaid adoption leave of absence, you must have completed your orientation and review period at the college.*

Begin Date: _____

Return to Work Date: _____

Comments: _____

I understand that by requesting this leave of absence, I am committed to returning to work on the date specified.

Employee Signature: _____ Date: _____

DEPARTMENT HEAD

Comments: _____

Signature

Date

HUMAN RESOURCES

Signature

Date