

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 forty (40) consecutive work 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 at least three consecutive months of employment at the college, but less than 12 months prior to the beginning of your leave.*

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