



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 12 weeks under the Adoption Leave Plan.

I am requesting a paid leave of absence of 4 weeks 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**