



**DOUGLAS COUNTY, NEBRASKA
ADOPTION OR FOSTER CARE
FAMILY AND MEDICAL LEAVE CERTIFICATION FORM**

Employee Instructions and Information

1. Complete the information directly below.
2. Ask the agency representative assisting you to complete this form.
3. Return the completed form to your supervisor as soon as possible.

Employee Name: _____

Employee Identification #: _____

Instructions for the Agency

This Certification Form is required for approval of the above listed 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 (street, city, state & zip): _____

Phone Number (include extension if applicable): _____

Contact Name (please print): _____

Signature: _____ Date: _____