



## Request for Adoption Leave

Submit signed form to Kim McCluskey in Human Resources

### Employee Personnel Information:

Employee's Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Work Location: \_\_\_\_\_ Position: \_\_\_\_\_

Hire Date: \_\_\_\_\_

### Leave Information:

I am requesting leave for adoption: \_\_\_\_\_

Projected Leave Begin Date: \_\_\_\_\_ Projected Leave End Date: \_\_\_\_\_

Number of days requested: \_\_\_\_\_ days

**Request for Adoption Leave must be verified by adoption paperwork from the courts.**

### Use of sick leave for critical family illness:

A maximum of thirty (30) days of sick leave may converted to use for adoption leave

**I have read and understand the information about the Adoption Leave.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date