



**Adoption/Foster Care Placement
Paid Parental Leave (PPL) / FMLA Request**

Employee Name: _____ Department/Division: _____

I attest that I am in the process of ☐ adopting / ☐ fostering a child. I am requesting Paid Parental Leave (PPL) after the placement of the child in my home. I am also requesting leave under the Family and Medical Leave Act (FMLA) for time needed to fulfill prerequisites prior to the placement and for bonding leave after the placement of the child in my home. As per Montgomery County policy, I will provide substantiation below and as warranted throughout the placement process.

Employee Signature: _____ Date: _____

Leave start date: _____

Anticipated or actual placement date: _____ Anticipated or actual end date: _____

If leave is necessary prior to the date of adoption/foster care placement, such as for court appearances, counseling, etc., indicate the date(s) and reason(s) below:

Date	Reason – provide brief description

Documentation

Name of adoption or foster care agency: _____	
Address: _____ _____	
Contact Name: _____	Phone: _____

Type(s) of documentation attached / to be provided at a later date:

- ☐ Foster care/adoption placement letter. ☐ Adoption court documents.
☐ Birth certificate/certification of birth. ☐ Agency documents for pre-placement activities.
☐ Travel documents. ☐ Other [explain]: _____

Note: Paid Parental Leave (PPL) runs concurrently with federal FMLA leave. If an employee qualifies for FMLA, this form will also serve as a medical certification for that purpose. Paid Parental Leave is effective the date of the child's placement.

OMS Use Only

Document Received	Date