Leave of Absence - Non-Medical Reason

Employee Name
Department
You are requesting a leave of absence due to: Non-medical reason
INSTRUCTIONS to the COURT OFFICIAL (ADOPTION or FOSTER CARE) : Answer, fully and completely, all applicable parts.
Expected date the adoption or foster care arrangement will be finalized:
Is the employee a primary caretaker for this child?NoYes
**Please provide a copy of the legal documents to the employee so he/she may submit it with the completed document.
Name of Court Official:
Name of Court:
City/State:
Signature of Court Official Date
INSTRUCTIONS to the EMPLOYEE (NON-MEDICAL REASON) : Use the below area to provide specifics related to the non-medical reason you are requesting a leave of absence.

Signature of Employee		Date
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