

Adoption/Foster Care Placement Certification

(This form is for the Adoption/Foster Care Placement Certification made pursuant to TTU OP 70.32)

To be filled out by the emp	loyee:		
Name:			
-	First	MI	Last
Tech ID:		Department:	
Length of leave requested:			
Signature:	Date:		
To be filled out by the place	ement professional or agenc	y: (Please attach relevant documen	tation)
This document confirms that		(employee name) is working with/has	
worked with		(agency or law firm name) regarding the adoption or	
placement in foster care of a s	on or daughter. The anticipate	d or actual date of placement is	
Agency Information:			
Agency Address:			
Agency Phone Number:		_	
Agency Official (print name)			
	First		Last
Agency Official's Signature:		Date:	

Please return the completed form to the employee or submit directly to Texas Tech University Human Resources:

Mail: Human Resources

Fax:

PO Box 41093

Lubbock, TX 79409 806-742-3666

E-mail: <u>hr.leaveadministration@ttu.edu</u>

DISTRIBUTION

<u>Original</u>-Human Resources (<u>hr.leaveadministration@ttu.edu</u>)

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Copy-Employee