



**OHIO**  
UNIVERSITY

Human Resources

## **Certification of Bonding Leave Due to Adoption or Foster Care**

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### **Employee Information** (to be completed by the employee):

Employee's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Qualifying event for which bonding leave is being requested:

Adoption       Foster Care

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### **Provider Certification** (to be completed by the professional provider):

Adoption or Foster Care

I hereby certify that placement was made to the above named employee's family on

(Date of Placement) \_\_\_\_\_

Name of Social Service Agency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature of Social Service Agency: \_\_\_\_\_ Date: \_\_\_\_\_