



Documentation of Foster Placement NYL GBS Solutions

Please note that it is also acceptable to send in supporting documentation of the foster child in place of this form.

Date prepared: _____

Must be returned by: _____

This section to be completed by the EMPLOYEE:	
Employee Name:	Leave Number:
Employer Name:	
Leave is requested for the following dates:	
Reason for my leave request for federal, state, and/or a company leave:	
Name and Age of Child:	
By signing below, I certify that the above information is true and correct. I understand that failure to promptly return to work at the end of my leave may be treated as a resignation unless an extension has been approved in writing by my employer.	
Employee's Signature:	Date:

This section to be completed by the FOSTER PLACEMENT ADMINISTRATOR:		
Verify that the employee's absence due to his/her	will occur on :	
Foster Care Placement Date:		
Signature of Foster Care Program Administrator:	Date:	
Printed Name of Administrator:		
Organization Name:	Address:	Phone Number (with area code):

Return completed form to:
NYL GBS Leave Solutions P.O. Box 703509 Dallas, TX 75370
Fax: 866.931.5095
Email: FMLACertifications@newyorklife.com