



Leave of Absence Extension Form
(Bonding Leave)

Employee Information

Employee Name: _____

Department: _____

Extension Information

Extension of Previous Leave

Start Date: _____ Expected Return Date: _____

Intermittent

Consecutive

If intermittent, please indicate start and end times:

Purpose of Leave

To bond with a new child following birth, adoption, or foster care placement

Please indicate if you have discussed your request with your supervisor:

Yes

No

I declare that the purpose of this leave is to bond with a new child following birth adoption, or foster care placement:

Employee Signature:

Date: