



Documentation of Foster Placement Cigna Leave Solutions®

Please note that it is also acceptable to send in supporting documentation of the adoption 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 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:
Signature of Foster Care Program Administrator:		Date:
Printed Name of Administrator:		
Organization name:	Address:	Phone Number (with area code):

Return completed form to:

Cigna Leave Solutions® P.O. Box 16163 Pittsburgh, PA 15242-0791

Fax: 866.931.5095

Email: FMLACertifications@Cigna.com

Cigna Leave Solutions® • P.O. Box 16163 • Pittsburgh, PA 15242-0791 • Fax: 866.931.5095 • Phone: 888.842.4462

Certification of Foster Placement