

Parental and Family Leave

Bonding Self-Attestation Form

I, , hereby certify, under penalty of perjury, that the following information is true:

I have exhausted all options to provide supporting documentation for the birth, adoption, or foster care placement of a child.

Please choose the applicable option below:

- I am an expectant non-birth parent of a child due on (mm/dd/yyyy).
- I am preparing for the adoption of a child with an expected placement or adoption date of (mm/dd/yyyy).
- I am a licensed foster parent preparing for the placement of a child or have been placed with a child on (mm/dd/yyyy).

I attest that the information stated above is true and accurate and understand that use of the benefits in this policy other than for its intended purpose, if substantiated, will result in the revocation of benefits and disciplinary action up to and including termination.

Employee Signature

Date

