

Bonding Leave FMLA Certification

I, _____ attest that I am requesting leave under the Family and Medical Leave Act for bonding leave after the birth of my child. As per Bastrop County, I will provide substantiation below as warranted.

Employee Name [printed]: _____

Employee Signature: _____ Date: _____

Leave start date: _____

Anticipated date of return: _____

If leave is necessary prior to the date of birth, indicate the date(s) and reason(s) below:

Date	Reason – provide brief description

Documentation

Name of Child: _____

Anticipated or actual date of birth: _____

Type(s) of documentation attached / to be provided at a later date:

- ☐ Birth certificate/certification of birth.
- ☐ Proof of relationship to child.
- ☐ Other [explain]: _____

HR Use Only

Document Received	Date

HR Representative Signature: _____