

## 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: \_\_\_\_\_