[Company Letterhead/Logo Placeholder]

[Current Date]

[Adoption Agency Name]
[Adoption Agency Address]
[City, State, Zip Code]

RE: Employment and Leave Verification for [Employee Name]

To Whom It May Concern,

This letter is to formally verify the employment of [Employee Name] with [Company Name]. [Employee Name] has been employed with our organization since [Start Date] in the position of [Job Title].

We are aware of [Employee Name]'s plans to expand their family through adoption. We are pleased to confirm that [Employee Name] is eligible for and has been granted an approved leave of absence for the purpose of bonding with and caring for their newly adopted child.

The details of the approved leave are as follows:

- **Leave Start Date:** [Approximate Date or "Upon Placement"]
- **Leave Duration:** [Number of weeks/months]
- **Type of Leave:** [Paid/Unpaid/Combination]
- **Employment Status:** [Employee Name] will remain a permanent employee during this period, and their position will be held for their return on [Expected Return Date].

[Company Name] fully supports [Employee Name] in this transition. If you require any further documentation or information regarding their employment status or leave policy, please feel free to contact me directly at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Printed Name]
[Title]
[Company Name]