



## Adoption Assistance Request Form

- To prevent delays in processing, please complete all requested information.
- A copy of the adoption placement certificate or final adoption decree is required.

### Section I: Employee Information

Name: \_\_\_\_\_ Employee ID (in Workday): \_\_\_\_\_

Contact Number: \_\_\_\_\_ Spouse/Partner's Name: \_\_\_\_\_

### Section II: Adoption Information

Child's Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Adoption: \_\_\_\_\_

### Section III: Eligible Adoption Expenses \*\*

Date Eligible Expense Incurred	Date Expense Paid	Amount of Eligible Expense	Description of Eligible Expense (Attach copies of itemized bills or documents)
<b>Total Reimbursement Amount:</b>			

\*\* Eligible expenses include agency and placement fees, attorneys' fees/court costs, cost of temporary foster care, immunizations, and reasonable and necessary transportation and lodging directly associated with the adoption. (Section 137 of the Internal Revenue Code pertaining to adoption assistance programs)

### Section IV: Employee Certification

I certify to the best of my knowledge, that the expenses included in this request are eligible adoption expenses and that I am responsible for payment of these expenses. I understand that it is my responsibility to verify with the IRS or my tax consultant the tax implications of receiving this money, and that I assume all tax liability for this reimbursement.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please return form and documentation to the Benefits/Total Rewards Department.*